FROM : MAY CORPORATE SERVICES

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Division of Corporations

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Account Number : 120000000007 : (954)989-4530 Fax Number : (954)966-5273

# FLORIDA PROFIT CORPORATION OR P.A.

#### AMEDEZ WOODWORK,INC.

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Dec. 11 2003 01:08PM P3

Department of State 12/11/2003 12:45 PAGE 1/1 RightFAX



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 11, 2003

M.A.V. CORPORATE SERVICES

SUBJECT: AMEDEZ WOODWORD, INC.

REF: W03000037580

We received your electronically transmitted document. Sowever, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

An effective date may be added to the Articles of Incorporation if a 2004 data is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the affective date.

If you have any further questions concerning your document, please call (850) 245-6965.

Dorine Martin Document Specialist New Filings Section FAX Aud. #: E03000332839 Letter Number: 503A00066637 FROM :MAY CORPORATE SERVICES

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Dec. 11 2003 01:08PM P4

(((H03000332839 3)))

### ARTICLES OF INCORPORATION

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SECRETARY OF STATE

AMEDEZ WOODWORK, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General. Corporation Act. hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME** 

The name of the corporation shall be:

AMEDEZ WOODWORK, INC.

The principal place of business of this corporation shall be:

7360 WEST 20 AVE BAY 135 HIALEAH FL 33016

#### ARTICLE IL NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: FIVE HUNDRED ( 500 )

#### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

#### ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

ANGEL W. MENENDEZ

4461 NW 176 STREET MIAMI FL 33055

(((H03000332839 3)))

FROM : MAY CORPORATE SERVICES

FAX NO. :954-966-5273

Dec. 11 2003 01:09PM P5

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## ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these articles of incorporation is(are):

ANGEL W. MENENDEZ

4461 NW 176 STREET MIAMI FL 33055

IN W Article	ITNESS WH as of Incorpora	EREOF, the tion this <u>971</u>	undersigned day of	incorpor DECEM	ator(s) BER	has have	executed X <u>x_2003</u>	these
			Signa	ture(s) of li	e f	1		
STAT	E OF FLORIDA	i.						
COUN	ITY OF	MIAMI	DADE	A 447	<u> </u>	, <del>, , , , , , , , , , , , , , , , , , </del>	وقد ميل	
THE	FOREGOING	instrument	was ackno	wledged	and s	worn to	before me	a this
<u>9TH</u>	day of	DECEM	BER ,2003	, by	ANGEI	W MEN	ENDEZ	
of		Аме	DEZ WOODW			ime of Inco	or porator)	
		ng ang ang ang ang ang ang ang ang ang a	(Nam	e o <del>i Co</del> rpo Willi	oration)	Mesa	eus	
(SEA	•	OFFICIAL ADTABY SE	My Co	tary Public		NOTARYP	CIAL NOTARY SE ANDO M VIVAN UBLIC STATE OF F INSION EXP. JAN	LORIDA

FROM :MAY CORPORATE SERVICES

FAX NO. :954-966-5273

Dec. 11 2003 01:09PM P6

(((H03000332839 3)))

CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE
SECRETARY OF STATE
FALL AHASSET FLORIDA
The undersign

sta	rsuant to the provisions of Section 607.325, Florida Statutes, the undersigned rporation, organized under the laws of the State of Florida, submits the following lement in designating the registered office/registered agent, in the State of rida.
1.	The name of the corporation is:
	AMEDEZ WOODWORK, INC.
2.	The name and address of the registered agent and office is:  ANGEL W. MENENDEZ
	4461 NW 176 STREET
	(P. O. BOX NOT ACCEPTABLE) MIAMI FL 33055
	(CITY/STATE/ZIP)
	SIGNATURE (Corporate Officer)
	TITLE PRESIDENT/DIRECTOR
	DATE12/09/2003
CO AG PR PE	VING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED PROCESSION. AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY REE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE OVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE REPORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF CTION 607.325 FLORIDA STATUTES.
	SIGNATURE (Registered Agent)  DATE 12/09/2003

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