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(Re	equestor's Name)	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D.14.04.

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Enclosed are an orig	ginal and one (1) copy of the artic	eles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	14496 Jek	V. Perry (Printed or typed) TSlave	d ct.
	Naples, F	L 34119 State & Zip	1

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION OF AMS FINANCIAL SOLUTIONS, INC.

I, the undersigned acting as director for the purpose of forming a corporation pursuant to Chapter 607 of the Florida Statute, adopt the following Articles of Incorporation:

ARTICLE I

The name of the corporation shall be: AMS Financial Solutions, Inc.

ARTICLE II

The initial place of business and the mailing address of the corporation shall be 14496 Jekyll Island Court, Naples, FL 34119

ARTICLE III

The purpose for which the corporation is organized is to engage providing financial consulting and related services.

ARTICLE IV

The aggregate number of shares which the corporation is authorized to issue is 1,000 of common stock without par value.

ARTICLE V

The number of directors constituting the board of directors is one. The name and street address is as follows:

NAME

ADDRESS

Brandon N Perry

14496 Jekyll Island Court, Naples, FL 34119

04 APR -8 SECRETARY O ALLAHASSE

ARTICLE VI

The name and address of the resident agent is as follows:

NAME

ADDRESS

Brandon N Perry

14496 Jekyll Island Court, Naples, FL 34119

ARTICLE VII

The name and address of the incorporator is as follows:

NAME

ADDRESS

Brandon N Perry

14496 Jekyll Island Court, Naples, FL 34119.

Have been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered agen

Signature/Incorporator

Doto

Date