

PO4000070275

ANGIE MARCELA LOPEZ

692 JAMES TOWN BLVD #1248

ALTAMONTE SPRINGS, FL 32714

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

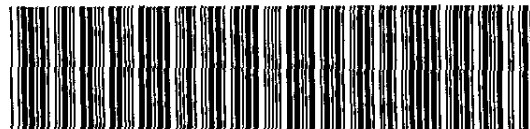
(Business Entity Name)

(Document Number)

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TH 4/29/04



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

RECEIVED

04 APR 28 PM 4:29

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

April 12, 2004

ANGIE MARCELA LOPEZ
692 JAMES TOWN BLVD
1248
ALTAMONTE SPRINGS, FL 32714

SUBJECT: A M L INC
Ref. Number: W04000014095

WE SELECT ANOTHER NAME
THAT WE CHECKED, AND IS
AVAILABLE TEL 954 494 7375

We have received your document for A M L INC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Document Examiner
New Filings Section

Letter Number: 104A00023881

**ARTICLES OF CORPORATION
OF
AMALPI 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: **AMALPI INC.**

The principal place of business of this corporation shall be:

931 N. STATE RD 434 #186
ALTAMONTE SPRINGS FL 32714

ARTICLE II 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:

100 X \$10.000 = \$1.000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

FILED
JAN 12 2008
CLERK OF CIRCUIT COURT
ALTA MONTE SPRINGS FL

ARTICLE V OFFICERS, DIRECTORS

The name(s) and street address(es) of the initial officer(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):

ANGIE LOPEZ

931 N. STATE ROAD 434 #186
ALTAMONTE SPRINGS FL 32714

ARTICLE IV INCORPORATOR(S)

The name(s) and address(es) of the Incorporator(s) to these Articles of Incorporator(s) is (are):

ANGIE LOPEZ

931 N. STATE ROAD 434 #186
ALTAMONTE SPRINGS FL 32714

The undersigned has (have) executed these Articles of Incorporation
This 29TH day of MARCH 2004

 (PRESIDENT)
Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION

REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes,
The undersigned corporation, organized under the laws of the State of Florida,
Submits the following statement in designating the registered office/registered
Agent, in the State of Florida.

1. The name of the corporation is: AMALPI INC.
2. The name and address of the registered agent and office is:

ANGIE LOPEZ

Name

931 N. STATE ROAD 434 #186

(P.O. Box not acceptable)

ALTAMONTE SPRINGS , FL 32714

City/State/Zip

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE
OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE
DECI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES
RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY
DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF
MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE

Angie Lopez
4/25/04