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(Re	equestor's Name)		
(Ac	ddress)		
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(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	TIAW [MAIL	
(Bu	usiness Entity Nar	ne)	
(Do	ocument Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
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DIVISION OF CLAPOSATION

04 JUN 11 PH 3:

SECRETARY OF STATE
TALLAHASSUE, FLORID,

A46/11/14

TRANSMITTAL LETTER

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

SUBJECT:	AM Professionals, Inc.			
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
□ \$70.00	\$78.75	\$78.75	☑ \$87.50	
	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
		}	& Certificate of C	
		ADDITIONAL COPY REQUIRED		
		<u></u>		
FROM:	Adrian L. Davis			
	Name	(Printed or typed)		
	1105 Center Grove Street	•		
	A	Address		
	Orlando, Florida 32839	State & Zip		
	City,	prate of Alp		
	321 287-0787			
	Daytime To	elephone number	<u> </u>	

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621F.S. (Profit)

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE L NAME

The name of the Corporation shall be Federal ID# 68-0586296

AM Professionals of Central Florida, Inc.

ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation is 1105 Center Grove Street, Orlando, Florida 32839.

ARTICLE III. SHARES

This Corporation is authorized to issue 100 common stock.

ARTICLE IV. INITIAL OFFICERS/DIRECTORS

The names and addresses of the officers are as follows:

Adrian Davis, President/ Treasurer, (50% interest) 1105 Center Grove Street, Orlando, Florida 32839
Peter Graham, Vice-President/ Secretary (50% interest) 1105 Center Grove Street, Orlando, Florida 52839

ARTICLE V. INITIAL REGISTERED AGENT AND STREET ADDRESS

The principal street address and mailing of the Corporation is 1105 Center Grove Street, Orlando, Florida 32839. The name and address of the initial registered agent of this Corporation is Adrian Davis, 1105 Center Grove Street, Orlando, Florida 32839

ARTICLE VI. INCORPORATOR

The name and address of the person signing these Articles of Incorporation is: Adrian Davis, 1105 Center Grove Street, Orlando, Florida 32839.

ARTICLE VII. AMENDMENTS

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors.

 $\sim \sim \sim$

Signature/Incorporator

Date 0/10/04

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment 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/Registered Agent

10/10/04

STATE OF FLORIDA COUNTY OF ORANGE:

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, Adrian Davis, to me well known to be the person described in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he executed the same freely and voluntarily and for the purposes therein expressed.

WITNESS my hand and official seal at Orlando, County of Orange, State of Florida, this

June , 2004.

Anito L Grohom

MY COMMISSION # CC973169 EXPIRES
February 18, 2005
BONDED THRU TROY FAIN INNURANCE, INC.

Notary Public Anita F. Graham

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DA7 AJE