

Palau 156902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

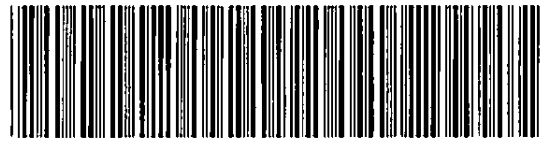
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/27 PM 4:21  
STATE  
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K. HUNT  
06/27/24

**COVER LETTER**

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

**SUBJECT: ADAM MORALES INCORPORATED**

CORPORATE NAME

Enclosed are an original and one (1) copy of the restated articles of incorporation and a check for:

\$35.00  
Filing Fee

\$43.75  
Filing Fee  
& Certificate of Status

\$43.75  
Filing Fee  
& Certified Copy

\$52.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: **ADAM B. MORALES**

Name (Printed or typed)

**3317 SE MONTGOMERY CIR.**

Address

**ARCADIA, FL 34266**

City, State & Zip

**863-990-0622**

Daytime Telephone number

**adammoralesinc@hotmail.com**

E-mail address: (to be used for future annual report notification)

MAILED  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FL  
MAY 27 PM 4:21

11

**NOTE: Please provide the original and one copy of the document.**

**RESTATED ARTICLES OF INCORPORATION**

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

ARTICLE I NAME

The name of the corporation is:

**ADAM MORALES, INC.**

ARTICLE II RESTATED ARTICLES

The text of the Restated Articles is as follows:

1. The name of the corporation is Adam Morales, Inc.

2. The principal place of business of the corporation is 401 8th St. E, Bradenton, FL 34208.

The mailing address of the corporation is 401 8th St. E., Bradenton, FL 34208.

3. The purpose for which this corporation is organized is any and all lawful business.

4. The number of shares the corporation is authorized to issue is one hundred (100).

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OFFICE OF STATE  
SECRETARY, FL

**ARTICLE III OFFICERS AND/OR DIRECTORS (optional)**

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

*Please note the officer/director title by the first letter of the office title:*

*P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.*

*Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

**Example:**

X Change                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

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 MASS. STATE  
 SECRET. FL

**ARTICLE IV AMENDED REGISTERED AGENT (OPTIONAL)**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

*Having 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*

\_\_\_\_\_  
Required Signature/Registered Agent Date

**ARTICLE VI ARTICLE CONSOLIDATION**

These restated articles of incorporation consolidate all amendments into a single document:

**ARTICLE VII REQUIRED ADOPTION INFORMATION**

**Check if applicable:**

The amendment(s) is/are being filed pursuant to s. 607.0120(11)€, F.S.

**The date of each amendment(s) adoption is:** \_\_\_\_\_  
if other than the date this document is signed.

**Adoption of Amendment(s) (CHECK ONE)**

The amendment(s) was/were adopted by the incorporators, or board of director without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the shareholders. Then number of votes cast for the amendment(s) by the shareholder was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting group. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s).*

“The number of votes cast for the amendment was/were sufficient for approval by

\_\_\_\_\_  
(voting group)

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STATE OF FLORIDA  
TALLAHASSEE, FL

**ARTICLE VIII EFFECTIVE DATE:**

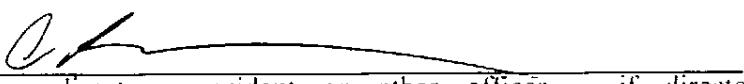
Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Dated: 06/21/2024

Signature: 

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee or other court appointed fiduciary by that fiduciary)

**ADAM B. MORALES**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)

RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FL  
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:DJ