P05000098222

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Bu s iness Entity Name)
(Document Number)
Certified Copies Certificates of Status
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06/07/05--01021--003 **70.00

FILED

SECRETARY OF STATE

6.9.

TRANSMITTAL LETTER

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

SUBJECT:	(PROPOSED CORPOR	OCISOS IO ATENAME-MUSTINCE	C. UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l 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 PY REQUIRED
FROM: _	Imanda	e (Frinted or typed)	
	2737 Elm	Address	
-	Polm Bay	State & Zip	105
	62. 1071	4000	•

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 7, 2005

AMANDA WHITE 2737 ELM DR. PALM BAY, FL 32905

SUBJECT: AMW ENTERPRISES, INC.

Ref. Number: W05000028220

We have received your document for AMW ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6047.

Carolyn Lewis Document Specialist New Filings Section

Letter Number: 505A00040018

RECEIVED

05 JUL 13 PM D: 5

EPARTMENT OF STATE

ASSON OF CORPORATE

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME
The name of the corporation shall be:
ALL KOSMO TOC
AW Karma, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of hydrogenists
The principal place of business/maining address is.
2737 Elm Dr.
Polm Bay, FL 32905
ARTICLE III PURPOSE
The purpose for which the corporation is organized is: This corporation may enough in or transact any
jawfu octivities permitted under the laws,
the United States or any other country.
The number of shares of stock is: This corporation is authorized to how outhour at any one time 1,000 share
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):
amanda white
7737 Flm Dr.
Palm Bay, FL 32905
ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
amanda White
2727 Flm Dr.
Trim Ray, FL 32905
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
amanda white
2737 FIM Dr
Drim Rou [1 3205

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
4 Hurbuds/11/1 / 00-02-05
Signature/Registered Agenit Date
1/2012
1. W. W. W. Ole-01-05
Signature/Incorporator Date