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(Re	questor's Name)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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(Do	cument Number)			
Certified Copies	Certificates	of Status		
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TRANSMITTAL LETTER

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

SUBJECT:	M.R. of PAL		UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	ticles of incorporation and	l a check for:
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	ANDREA M.Rus	SSO (Printed or typed)	The same of the sa

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

4300 CAMROSE LANE

Address

WEST PALM BEACH FL 33417

City, State & Zip

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

ARTICLE I NAME

The name of the corporation shall be:

A. M.R. of PALM BEACH, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4300 CAMROSE WEST PALM BEACH, FZ 33417 ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CAFE

ARTICLE IV

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):

ANDREA M. BUSSO 4300 CAM BOSE LAHE W.P.B. FL 33417

REGISTERED AGENT

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

ANDREA M. BUSSO

4300 CAMBOSE LANE

W.P.B. FL 33417 ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANDREA M. PLUSSO

4300 CAM ROSE LANE

33417 W.P.B. FL

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