## P05000137075

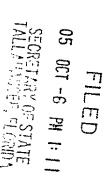
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Certified Copies	_ Certificates	of Status
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## TRANSMITTAL LETTER

Department of State

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 LAM, INC.
(Proposed corporate name - must include suffix) SUBJECT: Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$78.75 **\$70.00 \$78.75** \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certified Copy & Certificate Certified Copy & Certificate ADDITIONAL COPY REQUIRED FROM: LARRY A. BECKER
Name (Printed of typed) 450 N. COMMODORE DR #213
Address

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

PLANTATION FLA. 33325 City, State & Zip

954 234 4027
Daytime Telephone number

## ARTICLES OF INCORPORATION

1. The name of the corporation shall be:	AM, iNC.
2. The principal place of business and mailing addre	ess of the corporation is:
3. The corporation shall have the authority to issu	
4. The registered agent of the corporation is <u>LA</u> registered street address is <u>450 N. Commo</u> Florida <u>3332</u> .	RRY A. BECKER and the
5. The initial Board of Directors shall have ris/are as follows:	E DR.
The number of directors may be raised or lo corporation but shall in no case be less than one.	
6. The incorporator of this corporation is Lesstreet address is 450 N. COMMODORE I	PR. PLANTATION FLA 33025
Dated 0 CT / 2001	
Ind	any A Bore
Having been named as registered agent and to accomporation at the place designated in this certificate istered agent and agree to act in this capacity. I for of all statutes relating to the proper and complete with and accept the obligations of my position as reported to the proper and complete of the proper and complete of the obligations of my position as reported to the proper and complete of	re, I hereby accept the appointment as reg- rther agree to comply with the provisions performance of my duties, and am familiar