

PO 7000078717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

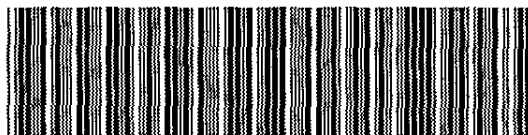
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF TEXAS
COMPTROLLER OF PUBLIC ACCOUNTS

2007 JUL 10 PM 1:04

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CRA

COVER LETTER

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

SUBJECT: AM FAMILY ENTERPRISES, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ARIEL MOSIBAY
Name (Printed or typed)

5620 SW 4 ST
Address

PLANTATION, FL 33317
City, State & Zip

954 438-5857
Daytime Telephone number

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

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:

AM FAMILY ENTERPRISES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5620 S.W. 4TH STREET
PLANTATION, FL 33317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTING SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

50 SHARES AT \$.50 PER SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ARIEL A. MUSIBAY OFFICER
BRENDA W. MUSIBAY OFFICER

ARTICLE VI REGISTERED AGENT

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

ARIEL MUSIBAY
5620 SW 4TH ST
PLANTATION, FL 33317

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ARIEL MUSIBAY
5620 SW 4TH ST
PLANTATION, FL 33317

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

Signature/Registered Agent

Date

Signature/Incorporator

Date