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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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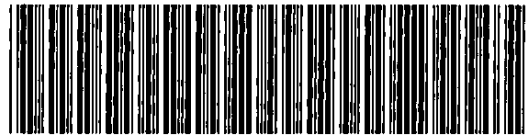
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8-24-07  
CO-48.8  
WCC

## COVER LETTER

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

**SUBJECT: AMC HANDY SERVICES, 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: MICKIE CASTILLO  
Name (Printed or typed)

7603 ARBLE DRIVE # C  
Address

JACKSONVILLE, FL 32211  
City, State & Zip

904-866-8550  
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)

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## **ARTICLE I      NAME**

The name of the corporation shall be:

AMC HANDY SERVICES, INC.

## **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business and mailing address is:

7603 ARBLE DRIVE #C  
JACKSONVILLE, FL 32211

## **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is to engage in any activity business permitted under the laws of the State of Florida.

## **ARTICLE IV      SHARES**

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

## **ARTICLE V      INITIAL OFFICERS / DIRECTORS**

The name(s), address (es), and title(s) of the directors and officers is/are:

### **PRESIDENT:**

MICKIE CASTILLO

7603 ARBLE DRIVE #C

JACKSONVILLE, FL 32211

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TALLAHASSEE, FLORIDA

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**VICE PRESIDENT:**

MICKIE CASTILLO

7603 ARBLE DRIVE #C

JACKSONVILLE, FL 32211

**ARTICLE VI REGISTERED AGENT**

The name and Florida Street address of the registered agent is:

MICKIE CASTILLO

7603 ARBLE DRIVE #C

JACKSONVILLE, FL 32211

**ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:

MICKIE CASTILLO

7603 ARBLE DRIVE #C

JACKSONVILLE, FL 32211

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above 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.*

  
MICKIE CASTILLO/ REGISTERED AGENT

  
DATE

  
MICKIE CASTILLO / INCORPORATOR

  
DATE