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SECRETARY OF STATE

T. Burch JAN 25 200

# **COVER LETTER**

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

SUBJECT: AMF INVESTMENTS, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	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: <u>F</u>	ELIPE LOPEZ Name	(Printed or typed)	
	4321 SW 142 Ct	Address	
	Miami, FL 33175	State & Zip	
	561-723-2220	elephone 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:

AMF INVESTMENTS, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 12246 SW 128 ST MIAMI, FL 33186

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any activities or business permitted under the Laws of the United States and Florida

# ARTICLE IV SHARES

The number of shares of stock is:

10,000 shares of common stock, having a par value of \$.01 per share.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Felipe Lopez, President Matilde Lopez, Vice President FILED

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SECRETARY OF STATE
TALLAHASSEE FI ORIDA

AKTICLE VI	REGISTERED AGENT		
The name and Flor	ida street address (P.O. Box NOT acc	eptable) of the registered agent is:	
Felipe Lopez	•		
4321 SW 142 CT			
Miami, FL 33175			
ARTICLE VII	INCORPORATOR		
The name and add	ess of the Incorporator is:		
Felipe Lopez			
4321 SW 142 CT			
Miami, FL 33175			
******	*********	********	*****
	registered agent to accept service of process j with and accept the appointment as registered		designated in this
4	<del></del>	1/21/08	,
Signature	/Registered Agent	Date	
42		1/21/08	
Signature	/Incorporator	Date	