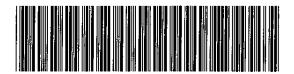
(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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# **COVER LETTER**

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

SUBJECT: AMATO	) incorpora (I	PROPOSED CORPO	MALAS INC RATE NAME - MUST INCI	LUDE SUFFIX)
Enclosed are an orig	ginal and o	ne (1) copy of the a	articles of incorporation and	l a check for:
□ \$70.00	<b>☑</b> \$78	.75	\$78.75	\$87.50
Filing Fee	Filing	: · · ·	Filing Fee	Filing Fee,
J		ificate of Status	& Certified Copy	Certified Copy
				& Certificate of
				Status
			ADDITIONAL COPY REQUIRED	
FROM: _S	alvatore An	nato	me (Printed or typed)	
		Nai	me (Printed or typed)	
	5000 Sou	th Himes Ave #313		
			Address	
	Tampa	FL	33611	
		C	ity, State & Zip	
	813-305-1	1168		
			ne Telephone number	

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



April 18, 2008

SALVATORE AMATO 5000 SOUTH HIMES AVE #313 TAMPA, FL 33611

SUBJECT: AMATO INCORPORATED

Ref. Number: W08000019835

We have received your document for AMATO INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson Regulatory Specialist II New Filing Section

Letter Number: 008A00023441

# 08 HAY -2 PH 3:

### 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:

Amato Incorporated OTAMALAS Inc

#### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

5000 South Himes #313 Tampa, FL 33611

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Computer Repair

#### ARTICLE IV SHARES

The number of shares of stock is:

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Salvatore Amato President

5'000 S. Himos

# 313

Tama FL . 73611

# ARTICLE VI REGISTERED AGENT

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

Salvatore Amato 5000 South Himes #313 Tampa, FL 33611

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Salvatore Amato

5000 South Himes #319-

Tampa, FL 33611

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

Signature/Incorporator

Pate
4/16/8
Date