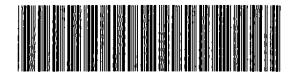
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| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



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10/06/08--01004--014 **78.75

08 OCT -6 PH 3: 44

EP 10/6/08

COVER LETTER

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

| SUBJECT: | AMC Mobile Home Movers & Installation, Inc. | | |
|----------------------|---|--|---|
| | (PROPOSED CORPORA | ATÉ NAMÉ – <u>MUST INC</u> I | L <u>UDE SUFFIX</u>) |
| Enclosed are an orig | inal and one (1) copy of the arti | cles of incorporation and | d 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 DPY REQUIRED |
| FROM: | Julie K. Baird Name | (Printed or typed) | |
| | 1181 SW Hit | oiscus Street Address | - |
| | | e, Fl. 34983 , State & Zip | · |
| | 772-370-717 Daytime | 1 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:

AMC Mobile Home Movers & Installation, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal **<u>street</u>** address and mailing address, if different is:

1181 SW Hibiscus Street Port St. Lucie, Fl. 34983

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to conduct Florida business with the principal activity being installation of mobile homes.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Julie K. Baird, President 1181 SW Hibiscus Street Port St. Lucie, Fl. 34983

ARTICLE VI REGISTERED AGENT

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

Julie K. Baird 1181 SW Hibiscus Street Port St. Lucie, Fl. 34983

ARTICLE VII INCORPORATOR

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

Julie K. Baird 1181 SW Hibiscus Street Port St. Lucie, Fl. 34983

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

| JuliekBand | 09-22-2008 |
|----------------------------|------------|
| Signature/Registered Agent | Date |
| Sullek Baud | 09-22-2008 |
| Signature/Incorporator | Date |

