

P09000078783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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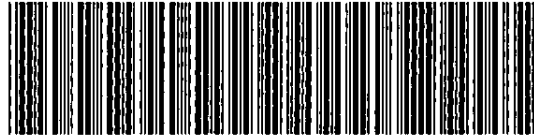
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2009 SEP 21 PM 4:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch SEP 22 2009

## COVER LETTER

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

SUBJECT: AMS CENTRAL 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: Pamela Hensley  
                                    Name (Printed or typed)

253 N. Riverdale Rd.  
                                    Address

Avon Park, FL 33825  
                                    City, State & Zip

863-443-4859  
                                    Daytime Telephone number

outridinghorse@hotmail.com  
E-mail address: (to be used for future annual report notification)

**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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

AMS CENTRAL INC

**ARTICLE II PRINCIPAL OFFICE**

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

1000 US Hwy 27  
Avon Park, FL 33825

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
to start a new company

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

optional-n/a

**ARTICLE VI REGISTERED AGENT**

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

Pamela Hensley  
253 N. Riverdale Rd.  
Avon Park, FL 33825

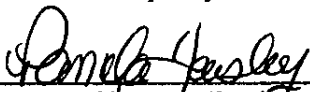
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

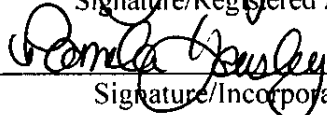
Pamela Hensley  
253 N. Riverdale  
Avon Park, FL 33825

\*\*\*\*\*

*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

9/16/09

Date

9/16/09

Date