Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 : (800)494-3124 Phone Fax Number : (561)455-9885

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

AMMS Enterprises Inc.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | Ð |
| Page Count | 03 |
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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:

AMMS ENTERPRISES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

12623 STATE ROAD 50 WINTER GARDEN, FL 34787

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or 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 (optional)

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

DIRECTOR AND PRESIDENT MOHAMED ADAM SHAFIK 4475 HARTS COVE WAY CLERMONT, FL 34711

TALLAHASSEE, FLURIDA

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PAGE 2 AMMS ENTERPRISES INC.

ARTICLE VI REGISTERED AGENT

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

MOHAMED ADAM SHAFIK 4475 HARTS COVE WAY CLERMONT, FL 34711

ARTICLE VII INCORPORATOR

The name and street address of the incorporator is:

MOHAMED ADAM SHAFIK 4475 HARTS COVE WAY CLERMONT, FL 34711

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.

MOHAMED ADAM SHAFIK / Registered Agent

Date

02-17-10

MED ADAM SHAFIK / Incorporator

Date

SECRETARY OF STATE
TALLAHASSEELFLORIDA