

P10000082096

(Requestor's Name)

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(City/State/Zip/Phone #)

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MAIL

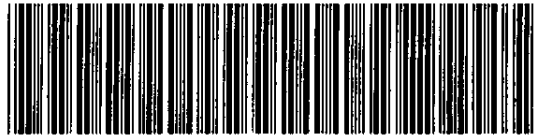
(Business Entity Name)

(Document Number)

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

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09/10/10--01019--005 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 OCT -5 PM 3:34

FILED

Ps 10/8/10  
Wt-43366



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
10 OCT -5 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 23, 2010

PAUL MOISE  
435 CLARK RD, SUITE 403  
JACKSONVILLE, FL 32218

2ND MAILING

SUBJECT: ASSET MANAGING GROUP INC.  
Ref. Number: W10000043366

We have received your document for ASSET MANAGING GROUP INC. and your check(s) totaling \$70.00. 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 a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please complete the form in its entirety and submit the form along with the letter or affidavit releasing the name for filing.

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) 245-6901.

Pamela Smith  
Regulatory Specialist II  
New Filing Section

Letter Number: 210A00021946

## COVER LETTER

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

SUBJECT: Asset Managing Group, 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: Paul Moise  
Name (Printed or typed)

435 Clark Rd. suite 403  
Address

Jacksonville, FL 32218  
City, State & Zip

904-625-3440  
Daytime Telephone number

moisepaul@aol.com & pmoise@assetmanaging-org  
E-mail address: (to be used for future annual report notification)

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



## ***Asset Managing Group, Inc.***

435 Clark Rd. Suite 403 • Jacksonville Florida 32218 • Ph. 888-591-0763 Fax 904-764-5190

September 27, 2010

I Paul Moise do not have any intentions of revoking the dissolution of Asset Managing Group therefore, releasing the name for use to another entity.

Respectfully,

Paul Moise  
President.

FILED  
AND  
FILED

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

10 OCT -5 PM 3:34

## ARTICLE I NAME

The name of the corporation shall be: Asset Managing Group, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 435 Clark Rd. Suite 403  
Jacksonville, FL 32218

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All Lawfull business.

## ARTICLE IV SHARES

The number of shares of stock is: 1

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Paul Moise President.  
435 Clark Rd. Suite 403  
Jacksonville, FL 32218

## ARTICLE VI REGISTERED AGENT

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

Paul Moise  
435 Clark Rd. Suite 403  
Jacksonville, FL 32218

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Paul Moise  
435 Clark Rd. Suite 403  
Jacksonville, FL 32218

\*\*\*\*\*

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

8/31/10

Date

8/31/10

Date