

Division of Corporations

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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 : TAX HOUSE CORPORATION
Account Number : I20000000137
Phone : (954) 782-4000
Fax Number : (954) 782-8252

****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

Amplified Advanced Solutions, Inc

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

SECRET
TALLAHASSEE, FLORIDA

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Help

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

ARTICLE I NAME Amplified Advanced Solutions, Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
4550 NW 18th Ave PH7
Pompano Beach, FL 33064

Mailing address, if different is:
4550 NW 18th Ave PH7
Pompano Beach, FL 33064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Consulting and services.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rafael C Castilho - CEO	Name and Title: _____
Address: 4550 NW 18th Ave PH7	Address: _____
Pompano Beach, FL 33064	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Rafael C Castilho
Address: 4550 NW 18th Ave PH7
Pompano Beach, FL 33064

ARTICLE VII INCORPORATOR

The ~~name and address~~ of the Incorporator is:

Name: Rafael C Castilho
Address: 4550 NW 18th Ave PH7
Pompano Beach, FL 33064

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


Required Signature/Registered Agent

04/07/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

04/07/2011
Date