

# P11 000046026

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 : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
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RECEIVED  
11 MAY 12 PM 4:57  
DIVISION OF CORP. OF FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION  
ANMA SERVICES INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

APPROVED  
AND  
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11 MAY 12 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

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Help

1/1



May 12, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: ANMAR SERVICES INC.  
REF: W11000026540

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If you have any further questions concerning your document, please call (850) 245-6949.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H11000128204  
Letter Number: 211A00011851

P.O. BOX 6327 - Tallahassee, Florida 32314

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(2)

H11000128204 3  
11 MAY 12 PM 1:21

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

**ARTICLE I NAME ANMAR SERVICES INC.**

The name of the corporation shall be:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

27670 WISCONSIN ST  
BONITA SPRINGS FL 34135

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100 1.00 PER VALUE

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

Name and Title: MARGARITA RAMIREZ PRESIDENT AND TREASURER Name and Title: \_\_\_\_\_  
Address: 27670 WISCONSIN ST Address: \_\_\_\_\_  
BONITA SPRINGS FL 34135

Name and Title: ANTONIO PADILLA VICE-PRESIDENT Name and Title: \_\_\_\_\_  
Address: 27670 WISCONSIN ST Address: \_\_\_\_\_  
BONITA SPRINGS FL 34135

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:

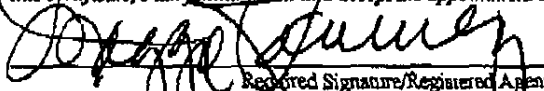
Name: MARGARITA RAMIREZ  
Address: 27670 WISCONSIN STREET  
BONITA SPRINGS FL 34135

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARGARITA RAMIREZ  
Address: 27670 WISCONSIN STREET  
BONITA SPRINGS FL 34135

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

 Registered Signature/Registered Agent / Incorporator Date 5-9-11

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.

H11000128204 3