

P11000048419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

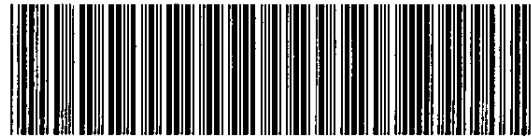
(Business Entity Name)

(Document Number)

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11 MAY 20 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRB  
5/23

111-24315

111-24315

## COVER LETTER

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

SUBJECT: AMK 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: Shanti Pierce

Name (Printed or typed)

8500 Nature Hammock Trail

Address

Kissimmee, FL 34747

City, State & Zip

407-383-3790

Daytime Telephone number

shanti.pierce@gmail.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 19, 2011

SHANTI PIERCE  
8500 NATURE HAMMOCK TRAIL  
KISSIMMEE, FL 34747

RECEIVED APR 29 2011

SUBJECT: AMK INC.  
Ref. Number: W11000021857

We have received your document for AMK 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 an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6879.

Ruby Dunlap  
Regulatory Specialist.II  
New Filing Section

Letter Number: 611A00009450



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 MAY 20 AM 10:53

DIVISION OF CORPORATIONS

May 2, 2011

SHANTI PIERCE  
8500 NATURE HAMMOCK TRAIL  
KISSIMMEE, FL 34747

SUBJECT: SAMK INC.  
Ref. Number: W11000024315

We have received your document for SAMK 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):

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

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6879.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 411A00010590

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: ~~AMK Inc.~~ SAMK INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

Shanti Pierce  
8500 Nature Hammock Trail  
Kissimmee, FL 34747

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For profit business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title:	Shanti Pierce Director	Name and Title:	
Address:	8500 Nature Hammock Tr Kissimmee, FL 34747	Address:	

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: SHANTI PIERCE  
Address: 8500 NATURE HAMMOCK BLVD.  
KISSIMMEE FL 34747

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SHANTI PIERCE  
Address: 8500 NATURE HAMMOCK TR  
KISSIMMEE FL 34747

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

5.9.11  
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

4.15.11  
Date

FILED  
11 MAY 20 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA