## 711000061797

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

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## **COVER LETTER**

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

SUBJECT: AMAY MAMA CORP.,				
(PROPOSED CORPORA	Viename – <u>Mustino</u>	AUDR SUFFIXO		
Enclosed are an original and one (1) copy of the art	icles of incorporation an	d a check for:	7	
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	Yese 1	
FROM: AUNG KO KO	e (Printed or typed)		TALL.	
14239 SOUTH WEST 5	`		JUL -5	
MIAMI, FL 33175	, State & Zip	1. 1. 1. 1. 1.	AHII: 17	M
772-678-1004 Daytime T	Celephone number		7	
chch88888@gmail.com E-mail address: (to be use	d for future annual report	notification)		

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

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

The name of the co	NAME AMAY MAMA COR reporation shall be:	P.,	
ARTICLE II	PRINCIPAL OFFICE		
	Principal <u>street</u> address 4239 SOUTH WEST 54TH, ST MAMI, FL 33175	SAME	ddress, if different is:
ARTICLE III The purpose for w PREPARE S	FURPOSE  high the corporation is organized is:  USHI PACKAGES AND SELL.	7	
ARTICLE IV The number of share	SHARES res of stock is:1		
ARTICLE V Name and Ti Address:	INITIAL OFFICERS AND/OR DIRECT tle: AUNG KO KO, PRESIDENT 14239 SOUTH WEST 54TH, S MIAMI, FL 33175	Name and Title:  Address:	
Name and Ti Address:	tle:	Address:	
Name and Ti Address:	tie:	Name and Title: Address:	
	REGISTERED AGENT	And the latest and th	
	rida street address (P.O. Box NOT acceptal	ble) of the registered agent is:	
Name: Address:	AUNG KO KO 14239 SOUTH WEST 54TH MIAMI, FL 33175		ECA!
ADMINOT IN THE	THEODROP & MAD		
	INCORPORATOR ITES of the Incorporator is:		0
Name:	AUNG KO KO		Marie Co. Training
Address:	14239 SOUTH WEST 54TH. S MIAMI, FL 33175	<b>ST.</b>	
	rd as registered agent to accept service of p of familiar with and accept the appointment of		ration at the place designated is
•	LU(L) Required Signature/Registered Agen		06.29,2011
	Required Signature/Registered Agen	k	Date
	ment and affirm that the facts stated herei partment of State constitutes a third degree	n are true. I am aware that the j	
	lue		06.29. zou
	Paralisas Manahijas (asansanasias		Partes