

P110000062900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

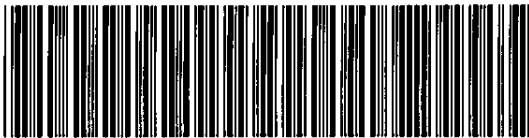
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 JUL 13 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 JUL 13 AM 9:30
NOT RETURNED
TO ACKNOWLEDGE
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08/11/11

COVER LETTER

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

SUBJECT: Association Management Support & Services 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: MELISA SMITH

Name (Printed or typed)

POST OFFICE BOX 3621

Address

TALLAHASSEE, FL 32315

City, State & Zip

850-528-5043

Daytime Telephone number

ASSOC_MGT@YAHOO.COM

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

ARTICLE I NAME

Association Management Support & Services Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1708 Cordell Drive
Tallahassee, FL 32303

Mailing address, if different is:
Post Office Box 3621
Tallahassee, FL 32315

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation will provide association management to homeowner's and condominium associations. In addition, the corporation may provide management services to professional associations. The corporation may also be involved in any legal and lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MELISA SMITH

Address: 1708 CORDELL DRIVE
TALLAHASSEE, FL 32303
OWNER/PRESIDENT/MANAGER

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: MELISA SMITH

Address: 1708 CORDELL DRIVE
TALLAHASSEE, FL 32303

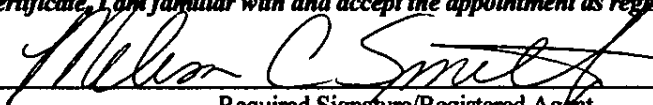
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MELISA SMITH

Address: 1708 CORDELL DRIVE
TALLAHASSEE, FL 32303

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

7/11/11

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

7/11/11

Date

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