

P110000063935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Rossalda Jimenez GAVE

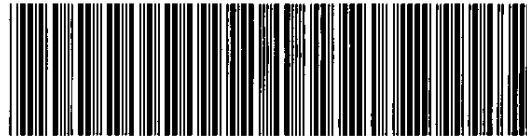
AUTHORIZATION BY PHONE TO

CORRECT Article I (to write Name in space)

DATE 7-18-11 AT 8:45 A.M.

DOC. EXAM S. Collins

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2011 JUL 13 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SC  
7-18-11

## COVER LETTER

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

SUBJECT: **AMAN Equipment, 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: **Rossaida R. Jimenez**

Name (Printed or typed)

**8871 Maple Hill Ct.**

Address

**Boynton Beach, Florida 33473**

City, State & Zip

**561-352-6462**

Daytime Telephone number

**Rljim@comcast.net**

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

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

2011 JUL 13 PM 2:30  
TALLAHASSEE, FL 32314  
SECRETARY OF STATE

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: Aman Equipment, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8871 Maple Hill Ct  
Boynton Beach, Florida 33473

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To buy and repair used construction equipment in order to export at low prices to our customers.

**ARTICLE IV SHARES**

The number of shares of stock is:  
100

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

Name and Title: Rossaida R. Jimenez

Name and Title: \_\_\_\_\_

Address: 8871 Maple Hill Ct.  
Boynton Beach, Florida 33473

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: Rossaida R. Jimenez

Address: 8871 Maple Hill Ct.  
Boynton Beach, Florida 33473

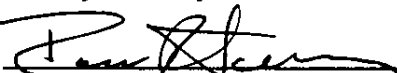
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rossaida R. Jimenez

Address: 8871 Maple Hill Ct.  
Boynton Beach, Florida 33473

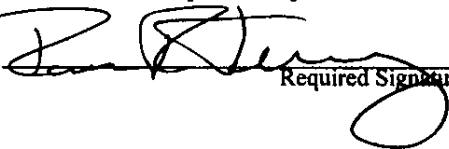
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

07/06/2011  
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

07/06/2011  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA