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(Requestor's Name)

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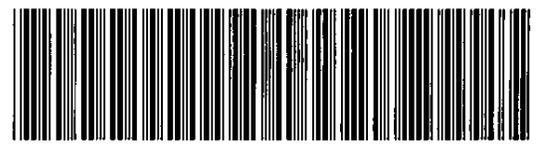
(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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



500209836775

07/13/11--01013--008 \*\*78.75

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

Office Use Only

FILED  
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

**Rlijim@comcast.net**  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA 32399

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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**

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 Address: \_\_\_\_\_  
Boynton Beach, Florida 33473 \_\_\_\_\_

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

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SECRETARY OF STATE  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

*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*

[Signature]  
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.*

[Signature]  
Required Signature/Incorporator

07/06/2011  
Date