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## **COVER LETTER**

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

SUBJECT: AMY AS A PROPERTIES 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	
FROM: AMYASH PROPERTIES INC  Name (Printed or typed)  18542 SRV 5571 SPECT	1 mm
MIRAMAR FLORIDA 33029  City, State & Zip  City, State & Zip  Daytime Telephone number  A. S. ANDY HOT MAIL COM  E-mail address: (to be used 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 corporation shall be: AMY ASH	PROPERTIES, INC
ARTICLE IIPRINCIPAL OFFICE	,
18542 Spot 5577 STREET	Mailing address, if different is:
18542 SAN 53711 STREET	SAME
MIRAMAR, R 93029	<del> </del>
ARTICLE III PURPOSE  The purpose for which the corporation is organized is: TO EXPORATION FOR IN MICH CORPORATION CONTRACT OR ACTION AND ACT OR ACT	VGHGE INTO LAWFUL ACTS
ACTIVITES FOR WITHCH CORPORA	FTONS MAY BE ORGANIZED CIN
TO ENGAGE IN ANY ACT OR AC	TIXITIES REQUIRED THE CONSC
OR APPROVAL OF ANY STATE	official, DEPARTMENT BOD
OR APPROVAL OF ANY HER OF MERCY OR OTHER BODY.	
ARTICLE IV SHARES	OUT PAR YACUE
The number of shares of stock is: 268 WCF4	DAT THE YEAR
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Title: HSHCCY HNDERSON Address: 18542 Sow 55TH STREE	Name and Title:
Address: 18544 Star 3577 STREE	7Address:
PROSIDENT	
Name and Title: AMY ANDERSON	Name and Title:
Address: 18542 SW SSH STREE	Address:
VICE- PRESIDENT	
Name and Title:	Name and Title:
Address:	
	FC: 0
	in the second se
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of Name:	, and a second s
Address: 9270 SW 1467# Co21	
MIAMI PLONEA	33/86
ARTICLE VII INCORPORATOR	~ ~
The name and address of the Incorporator is:	PRESIDENT 50 8
Name: HSHIEL FLWDERSON -	- The Tour
Address: 18542 Start SSA STA	73029
19/RIMINA, FLORIDA	25- /
Having been named as registered agent to accept service of process	
this certificate. Lath familiar with and accept the appointment as roof.	stered agent and agree to act in this capacity
I were Office	07/04/2011
Required Signature/Registered Agent	Data Data
	Dage
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 provuea for in 8.617.155, F.S.
X///Kec	07/04/2011

Required Signature/Incorporator