

1/10/12

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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
AMLQI Inc.

Certificate of Status	1
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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

AMLLOL Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

500 South Ocean Boulevard, Suite 607 N
Boca Raton, FL 33432

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Alfred Cohen
12558 West Atlantic Boulevard
Coral Springs, FL 33071

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Albert Cohen - President/Director
500 South Ocean Boulevard, Suite 607 N, Boca Raton, FL 33432

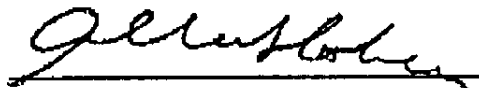
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Albert Cohen
500 South Ocean Boulevard, Suite 607 N, Boca Raton, FL 33432

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

5th day of January 2012


Albert Cohen
Signature

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12 JAN 10 PM 1:00
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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: AMLLOL Inc.

2. The name and address of the registered agent and office is:

Alfred Cohen

Name

12558 West Atlantic Boulevard

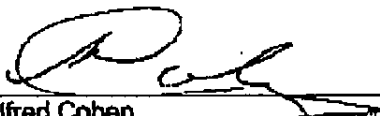
(P.O. Box or Mail Drop Box NOT Acceptable)

Coral Springs, FL 33071

(City / State / Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

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12 JAN 10 PM 1:00
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TALLAHASSEE, FLORIDA


Alfred Cohen
SIGNATURE

01/05/2012

(Date)

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