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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers FEB 08 2012

**CORPORATE  
ACCESS,  
INC.**

*"When you need ACCESS to the world"*

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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INC

1.

A & M FINANCIAL SOLUTIONS, INC.  
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

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TALLAHASSEE, FLORIDA

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: **A & M Financial Solutions, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6800 SW 40 St. Ste #279  
Miami, FL 33155

6800 SW 40 St. Ste #279  
Miami, FL 33155

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Any and All Lawful business*

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Marlen Oliva

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

Address: 6800 SW 40 St. Ste #279  
Miami, FL 33155

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: Marlen Oliva

Address: 6800 SW 40 St. Ste #279  
Miami, FL 33155

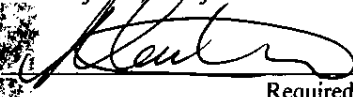
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Marlen Oliva

Address: 6800 SW 40 St. Ste #279  
Miami, FL 33155

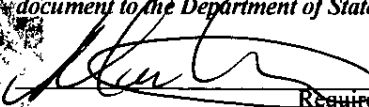
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

2/6/2012  
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

2/6/2012  
Date

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