

P/2000058676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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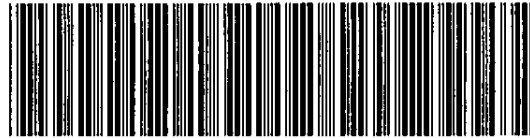
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JUN 29 PM 5:02
TALLAHASSEE, FLORIDA

K 07/02/12

COVER LETTER

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

SUBJECT: A. PAUL AMREIN AND ASSOCIATES, 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: A. PAUL AMREIN
Name (Printed or typed)

715 LORI DRIVE, #17
Address

PALM SPRINGS, FL 33461
City, State & Zip

(708) 567-6935
Daytime Telephone number

andrewamrein@gmail.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)

ARTICLE I NAME

The name of the corporation shall be:

A. PAUL AMREIN AND ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

715 LORI DR., #17 - 103
PALM SPRINGS, FL 33461

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The transaction of any or all lawful businesses for which corporations may be incorporated under the Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: A. PAUL AMREIN, PRESIDENT

Address: 715 LORI DR., #17 - 103
PALM SPRINGS, FL 33461

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: A. PAUL AMREIN

Address: 715 LORI DR., #17 - 103
PALM SPRINGS, FL 33461

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: A. PAUL AMREIN

Address: 715 LORI DR., #17 - 103
PALM SPRINGS, FL 33461

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

A. Paul Amrein

Required Signature/Registered Agent

6/22/2012

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.

A. Paul Amrein

Required Signature/Incorporator

6/22/2012

Date

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