

P12000073384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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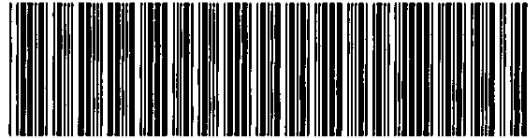
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 AUG 27 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FL 32399

T. Burch AUG 28 2012

COVER LETTER

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

SUBJECT: **FOUR AMAZONS CORP**

(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: **MTA OF OVIEDO FINANCIAL SERVICES INC**

Name (Printed or typed)

2572 WEST SR 426 SUITE 1072

Address

OVIEDO, FLORIDA 32765

City, State & Zip

407-977-9230

Daytime Telephone number

MIRETORRES@AOL.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

FOUR AMAZONS CORP.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

1106 KERWOOD CIRCLE

OVIEDO, FLORIDA 32765

Mailing address, if different is:

P.O. BOX 622169

OVIEDO, FLORIDA 32762-2169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONDUCT LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is 200 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA COLLAZO, PRESIDENT

Address: 1106 KERWOOD CIRCLE

OVIEDO, FLORIDA 32765

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: MTA OF OVIEDO FINANCIAL SERVICES INC

Address: 2572 WEST SR 426 SUITE 1072

OVIEDO, FLORIDA 32765

ARTICLE VII INCORPORATOR

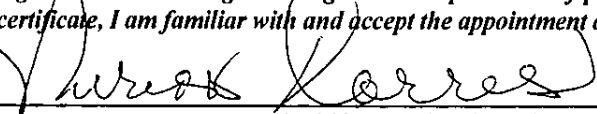
The name and address of the Incorporator is:

Name: MARIA COLLAZO

Address: 1106 KERWOOD CIRCLE

OVIEDO, FLORIDA 32765

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

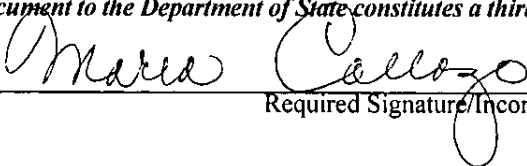


Required Signature/Registered Agent

08/23/12

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

08/23/12

Date

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TALLAHASSEE, FLORIDA