

Sep 10 2012 3:55PM

FLA CORPORATE SERVICES

188-4558985

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Division of Corporations

**P12000077122**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

RECEIVED SEP 10 2012

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
AMCOMEX, INC

Certificate of Status	0
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## 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:

AMCOMEX, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address is:

5886 SUMMIT VIEW DR

BROOKSVILLE, FLORIDA 34601

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

1500 COMMON SHARES PAR VALUE \$0.01

### **ARTICLE V INITIAL OFFICERS / DIRECTORS**

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR & PRESIDENT:

ROSA MARGARITA CERVERA OSORIO

5886 SUMMIT VIEW DR

BROOKSVILLE, FLORIDA 34601

DIRECTOR & VICE-PRESIDENT:

JUAN MANUEL MILLAN MUNOZ

5886 SUMMIT VIEW DR

BROOKSVILLE, FLORIDA 34601

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PAGE 2 AMCOMEX, INC.

SECRETARY:

MIGUEL ANGEL ARANGO DAVILA

5886 SUMMIT VIEW DR

BROOKSVILLE, FLORIDA 34601

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

ROSA MARGARITA CERVERA OSORIO

5886 SUMMIT VIEW DR

BROOKSVILLE, FLORIDA 34601

**ARTICLE VII INCORPORATOR**

The name and Florida street address of the Incorporator is:

ROSA MARGARITA CERVERA OSORIO

5886 SUMMIT VIEW DR

BROOKSVILLE, FLORIDA 34601


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\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above 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.*

  
ROSA MARGARITA CERVERA OSORIO / REGISTERED AGENT

09/10/12  
DATE

  
ROSA MARGARITA CERVERA OSORIO / INCORPORATOR

09/10/12  
DATE

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