P12000/01388

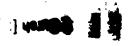
| (Requestor | s Name) | | | |
|---|--------------|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/2 | Zip/Phone #) | | | |
| PICK-UP | WAIT MAIL | | | |
| (Business E | Entity Name) | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
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| | | | | |
| Office Use Only | | | | |



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COVER LETTER

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

SUBJECT: A & M MESSENGER SERVICES INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

| Enclosed are an orig | inal and one (1) copy of the ar | ticles of incorporation and | l 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: | MARIA E RUIZ | | | | |
|-------|--|--|--|--|--|
| | Name (Printed or typed) | | | | |
| | 7750 SW 117TH AVE SUITE 201F | | | | |
| | Address | | | | |
| | MIAMI FLORIDA 33183 | | | | |
| | City, State & Zip | | | | |
| | 305 595-2407 | | | | |
| | Daytime Telephone number | | | | |
| | MARIAQUIROS9@HOTMAIL.COM | | | | |
| | E-mail address: (to be used for future annual report notification) | | | | |

NOTE: Please provide the original and one copy of the articles.

November 27, 2012

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

Re: A & M MESSENGER SERVICES INC P11000102280

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me at 305-595-2407.

Sincerely,

Anibal Macias

Notary Public State of Florida Jose L Ruiz

My Commission EE07986 Expires 03/31/2015

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| <u>ARTICLE II</u> | PRINCIPAL OFFICE | | |
|-------------------|---|---------------------------------------|---|
| _ | Principal street address | | ddress, if different is: |
| • | 4102 WEST 10TH AVE | 7750 SW 117TH AVE SU | |
| | HIALEAH FLORIDA 33012 | MIAMI FLORIDA 33183 | |
| | PURPOSE which the corporation is organized is: AN | Y AND ALL LEGAL PURP | OSES |
| IN# 45 | 5-3947337 <u>SHARES</u> hares of stock is: 100 @ \$1.00 | | FILI TZ DEC 12 SECRET AND SERVICE |
| | | | |
| RTICLE V | INITIAL OFFICERS AND/OR DIR | | <u>ب</u> م |
| | Title: ANIBAL MACIAS, PRESIDENT | Name and Title: | <u> </u> |
| Address: | 4102 WEST 10TH AVE | Address: | |
| HIAL | HIALEAH FLORIDA 33012 | | |
| Name and | Title: ANIBAL MACIAS JR. | Name and Title: | |
| Address: | 4102 WEST 10TH AVE | Address: | |
| | HIALEAH FLORIDA 33012 | | |
| Name and Address: | Title: | Name and Title: Address: | |
| | | | |
| | REGISTERED AGENT | | |
| | Florida street address (P.O. Box NOT acce | ptable) of the registered agent is: | |
| Name: | ANIBAL MACIAS | | |
| Address: | 4102 WEST 10TH AVE HIALEAH FLORIDA 33012 | | |
| | | | |
| RTICLE VII | INCORPORATOR ddress of the Incorporator is: | | |
| Name: | ANIBAL MACIAS | | , |
| Address: | 4102 WEST 10TH AVE | | |
| Addiess. | HIALEAH FLORIDA 33012 | | |
| | med as registered agent to accept service of am familiar with and accept the appointm | | act in this capacity |
| 4 | Required Signature/Registered A | gent | 12/4/12 Date |
| submit this do | cument and affirm that the facts stated he | | false information submitted in |
| cument to the | Department of State constitutes a third deg | gree felony as provided for in s.817. | iss, F.Š. |
| 1 1 | | | 15 1 . 1 |
| | | | 196/12 |