

P1300005016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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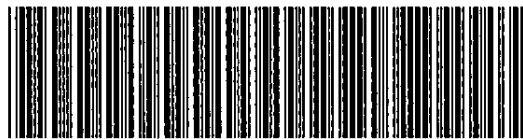
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 FEB 13 AM 11:02

Ps 2/14/13

## COVER LETTER

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

SUBJECT: Ammiel Avrhm Enterprises 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: Dominic Edwards

Name (Printed or typed)

8042 Fawnridge circle

Address

Tampa Florida 33610

City, State & Zip

(727) 207-1421

Daytime Telephone number

jeuelinc@veizon.net

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)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

Ammiel Avrhm Enterprises Inc.,  
The name of the corporation shall be:

13 FEB 13 AM 11:02

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
8042 Fawnridge circle  
Tampa Florida 33610

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To perform any and all legal business world-wide

**ARTICLE IV SHARES**

The number of shares of stock is: one thousand (1000)

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

Name and Title: dominic Edwards / President	Name and Title: _____
Address: 8042 Fawnridge circle	Address: _____
Tampa Florida 33610	_____

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: Dominic Edwards  
Address: 8042 Fawnridge Circle  
Tampa Florida 33610

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dominic Edwards  
Address: 8042 Fawnridge Circle  
Tampa Florida 33610

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

Dominic Edwards

Required Signature/Registered Agent

Feb 8, 2013

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.

Dominic Edwards

Required Signature/Incorporator

Feb 8, 2013

Date