

P/3000073204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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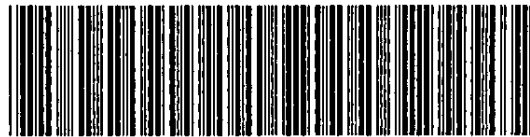
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 SEP -3 AM 11:19

1A

COVER LETTER

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

SUBJECT: AMPUTEE CENTER, 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: Julia Greenberg-Aguilar o/b/o MyUSAcorporation.com
Name (Printed or typed)

40 Exchange Place STE 1301
Address

New York, NY 10005
City, State & Zip

877-330-2677
Daytime Telephone number

amputeecenter@outlook.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)

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ARTICLE I NAME

The name of the corporation shall be: **AMPUTEE CENTER, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
23730 CR 675
MYAKA CITY, FL 34251

Mailing address, if different is:
23730 CR 675
MYAKA CITY, FL 34251

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide prosthetic services to those amputee's in need.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANNE CLEALL - PRESIDENT
Address: 23730 CR 675
MYAKA CITY, FL 34251

Name and Title: ANNE CLEALL - TREASURER
Address: 23730 CR 675
MYAKA CITY, FL 34251

Name and Title: MICHAELA CLEALL - VICEPRESIDENT
Address: 23730 CR 675
MYAKA CITY, FL 34251

Name and Title: _____
Address: _____

Name and Title: ANNE CLEALL - SECRETARY
Address: 23730 CR 675
MYAKA CITY, FL 34251

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: InCorp Services, Inc.
Address: 17888 67th Court North
Loxahatchee, FL 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MyUSACorporation.com
Address: 40 Exchange Place, Suite 1301
New York, NY 10005

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

J. P. [Signature]
Required Signature/Registered Agent

08/30/2013
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.

J. P. [Signature]
Required Signature/Incorporator

08/30/2013
Date

**SPECIAL AND REVOCABLE
LIMITED POWER OF ATTORNEY**

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DIVISION OF CORPORATIONS

2012 SEP -3 AM 11:19

TO ALL PERSON, be it known, that INCORP SERVICES, INC., A Nevada corporation as Grantor, does hereby make and grant a limited and specific power of attorney to Julia Greenberg-Aguilar and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:

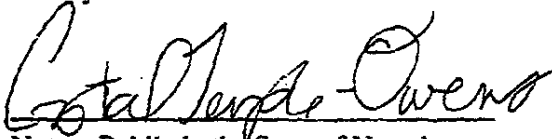
Authority to accept appointment as registered agent on behalf of InCorp Services, Inc. (a Nevada Corporation) for entities which *Selene Enterprises LLC dba MyUSA corporation.com* have purchased agent service on through their account with InCorp Services, Inc.

TERMINATION: Unless sooner revoked or terminated by me, the Special Power of Attorney shall become NULL and VOID from and after December 31, 2013.


Aurora Murtey, Secretary

Dated: December 10, 2012

Signed in my presence this the 10th day of December 2012 by Aurora Murtey, State of Nevada.
County of Clark


Notary Public in the State of Nevada

