

P13000082769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

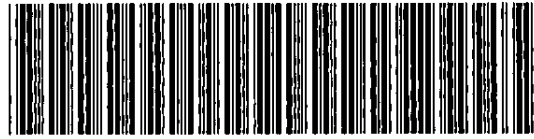
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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10/09/13--01002--006 **87.50

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 OCT -9 AM 10:03
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SUFFICIENCY OF FILING

APPROVAL
AND
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13 OCT -9 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

011023679

MD 10/9

COVER LETTER

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

SUBJECT: Ammie's Mobile Home Park, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Adrian C. Fletcher
Name (Printed or typed)

800 Ocala Road, Suite 300-190
Address

Tallahassee, FL 32304
City, State & Zip

850-980-2323
Daytime Telephone number

AmmiesMHP@gmail.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
The name of the corporation shall be: Ammie's Mobile Home Park, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address
800 Ocala Road, Suite 300-190
Tallahassee, FL 32301

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III PURPOSE
The purpose for which the corporation is organized is: any and all purposes allowed by law.

ARTICLE IV SHARES
The number of shares of stock is: One Hundred (100)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Adrian Fletcher President & Director</u>	Name and Title:	_____
Address	<u>800 Ocala Road, Suite 300-190</u>	Address:	_____
	<u>Tallahassee, FL 32304</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

(conti.)

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: Adrian Fletcher
 Address: 800 Ocala Rd., Suite 300-190
Tallahassee, FL 32304

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TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Adrian Fletcher
 Address: 800 Ocala Rd., Suite 300-190
Tallahassee, FL 32304

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

Adrian Fletcher
 Required Signature/Registered Agent

10/9/13
 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.

Adrian Fletcher
 Required Signature/Incorporator

10/9/13
 Date