

P/40000/5/08

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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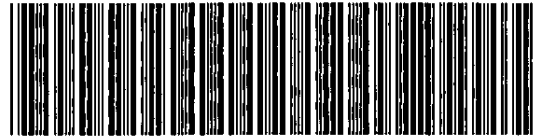
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

K 02/18/14

## COVER LETTER

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

SUBJECT: **Advocates Management Group, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: **Advocates Management Group, Inc.**  
Name (Printed or typed)  
**28059 US Highway 19 N. Suite #101**  
Address  
**Clearwater, FL 33761**  
City, State & Zip  
**727-712-1710**  
Daytime Telephone number  
**ccmoya@tampabay.rr.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: Advocates Management Group, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

28059 US Highway 19 N. Suite #101  
Clearwater, FL 33761

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: To provide management services

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: John Kamkutis - P

Name and Title: \_\_\_\_\_

Address 2874 Chancery Lane  
Clearwater, FL 33759

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

Name and Title: Kevin Hernandez, Esq - VP

Name and Title: \_\_\_\_\_

Address 28059 US Highway 19 N.  
Suite #101  
Clearwater, FL 33761

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

Name and Title: Carol C. Moya - T

Name and Title: \_\_\_\_\_

Address PO Box #636  
Oldsmar, FL 34677

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

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TALLAHASSEE, FLORIDA

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: Kevin Hernandez, Esq  
Address: 28059 US Highway 19 N. Suite #101  
Clearwater, FL 33761

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Carol C. Moya  
Address: PO Box #636  
Oldsmar, FL 34677

*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*

\_\_\_\_\_  
Required Signature of Registered Agent

2/7/14  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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.*

Carol C. Moya  
Required Signature of Incorporator

2/7/14  
Date