P14000033510

(Re	equestor's Name)	
(Ac	ldress)	,
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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:	AM Constend	TION NC. TE NAME – <u>MUST INCL</u>	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	,	ADDITIONAL CC	OF I REQUIRED
š			
FROM:	ADAM Scor Nam	e (Printed or typed)	
	SI30 DALLU	ey Ave Address	
	Oelawoo , FL City	32806 State & Zip	
	407 - 680 -44 Daytime T	86 Felephone number	
	adam . scobby c E-mail address: (to be use	samail.com ed for future annual report	notification)

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



February 24, 2014

ADAM SCOBBY 2130 DAWLEY AVE. ORLANDO, FL 32806

SUBJECT: AM CONSTRUCTION INC.

Ref. Number: W14000011979

We have received your document for AM CONSTRUCTION INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 314A00004073

COVER LETTER

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

	•	ATE NAME - MUST INCL	
sed are an orig	inal and one (1) copy of the ar	ticles of incorporation an	a a check for:
\$70.00	\$78.75	\$78.75	⊠ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
J	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
FROM:	ADAM SCOR Nam 2130 DALLU	e (Printed or typed)	
	Oelahoo, FL City		
	Oit,		
	407-680-44	86	
·	407-680-44		<u>.</u>
	407 - 680 - 44 Daytime 1	86	

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)

S		PAL OFFICE cipal <u>street</u> address	!	Mailing address, if different is:		
Purpose for which the corporation is organized is:			SAME	As PRINCI	LPAL	
Purpose for which the corporation is organized is:	•					
TICLE IV SHARES Inumber of shares of stock is: 100 TICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: MICUELLE SCORRY CFO Name and Title: ADAM SCORRY PRES Address 2130 DADLEY AVE Address: 2130 DADLEY AVE OLLADDO, FL 32806 OPLADDO, FL 32804 51 SHARES 49 SHARES Name and Title: Name and Title: Address: Address:	I PURPOS for which the co	E rporation is organized is:	Construction St	ERVICES		14 H
TICLE IV SHARES number of shares of stock is: 100 TICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: MICLIEUE SCOBEY CFO Name and Title: ADAM SCOBEY PRES Address 2130 DADLEY AVE Address: 2130 DADLEY AVE OPLANDO, FL 32806 51 SHARES 49 SHARES Name and Title: Name and Title: Address: Address:			, , , , , , , , , , , , , , , , , , ,			
TICLE IV SHARES number of shares of stock is: 100 TICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: MICHELLE SCOBEY CFO Name and Title: ADAM SCOBBY PRES Address 2130 DADLEY AVE Address: 2130 DADLEY AVE OPLANDO, FL 32806 51 SHARES 49 SHARES Name and Title: Name and Title: Address: Address:					77.	:: Hd
Name and Title: Name and Title					NA C	
Name and Title: Name and Title						
OLLADDO, FL 32806 51 SLIARES Name and Title: Address Address:	f shares of stock	is: 100	RECTORS			
Suares 49 Suares	f shares of stock V INITIAL e and Title:	OFFICERS AND/OR DE	Name and Title		_	
Address Address:	f shares of stock V INITIAL e and Title: ress 2	is: 100 OFFICERS AND/OR DID TICHELLE SCOBBY (Name and Title: Address:	2130 DAI	wey due	,
	f shares of stock V INITIAL ne and Title: ress 2	IS: 100 OFFICERS AND/OR DI MICHELLE SCOBBY (130 DANLEY AVE ELANDO, FL 32806	Name and Title: Address:	ORLANDO	wey Ave	,
	f shares of stock V INITIAL te and Title: Tress 2 5	is: 100 OFFICERS AND/OR DI ALCHELLE SCOBBY (130 DANLEY AVE ELANDO, FL 32806 I SHARES	Address:	OKLANDO 49 SHA	des Ave	306
	f shares of stock V INITIAL e and Title: C 5 e and Title:	is: 100 OFFICERS AND/OR DIE ALCHELLE SCOBBY (130 DANLEY AVE ELANDO, FL 32806	Address: Name and Title: Name and Title:	OKLANDO 49 SHA	des	306
	f shares of stock V INITIAL e and Title: C 5 e and Title:	IS: 100 OFFICERS AND/OR DIE ALCUEUE SCOBBY (130 DANIEY AVE ELANDO, FL 32806	Address: Name and Title: Address: Name and Title: Address:	OKLANDO 49 SHA	des	306
Address Address:	f shares of stock V INITIAL te and Title:	OFFICERS AND/OR DE ALCHELLE SCOBBY (130 DANLEY ALE ELANDO, FL 32806	Name and Title: Address: Name and Title: Address:	OKLANDO 49 SHA	LES	306

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable)	
Address: Adam Score Address: Cl30 Dawley Avenue Orlando FL 32806	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	AHASSEE F
Name: ADAN SCOBBY	
Address: 2130 DAWLEY AVELUE ORLANDO, FL 32806	
Having been named as registered agent to accept service of pr this certificate, I am familiar with and accept the appointment	rocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
Required Signature/Registered Agent	2/17/14 t Date
Required Signature/Registered Agent	t Date
I submit this document and affirm that the facts stated herein document to the Department of State constitutes a third degree	n are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.
Required Signature/Incorporator	2/r ₇ / ₁₄ Date