

**PA 400003 8/79**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

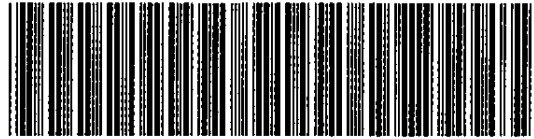
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

614-22966



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04/07/14--01033--016 \*\*87.50

FILED  
SECRETARY OF STATE  
DIVISION OF INFORMATION  
14 APR 29 AM 8:53

## COVER LETTER

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

SUBJECT: Aman Enterprises, Incorporated  
(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: Linda Taylor  
Name (Printed or typed)  
2158-7 Mayport Rd  
Address  
Atlantic Bch, FL 32233  
City, State & Zip  
904-372-0298  
Daytime Telephone number  
lincamtay@yahoo.com  
E-mail address (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 22, 2014

LINDA TAYLOR  
2158-7 MAYPORT ROAD  
ATLANTIC BEACH, FL 32233

SUBJECT: AMAN ENTERPRISES, INCORPORATED  
Ref. Number: W14000022966

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

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

Letter Number: 014A00007763

RECEIVED  
14 APR 23 PM 2:39  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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:

*Aman Concepts Enterprises, INC.*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
APR 29 AM 8:59

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

*2158-7 Mayport Rd  
Atlantic Bch, FL 32233*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*restaurant*

**ARTICLE IV SHARES**

The number of shares of stock is:

*1000*

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

Name and Title:

*Linda C. Taylor - president*

Name and Title:

Address

*2158-7 Mayport Rd  
Atlantic Beach, FL  
32233*

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(cont.)

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:

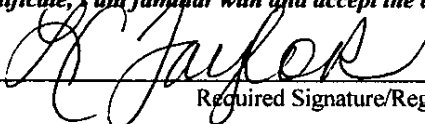
Name: Linda C. Taylor  
Address: 489 Starratt Rd Lot 90  
Atlantic Bch, FL 32218

**ARTICLE VII INCORPORATOR**

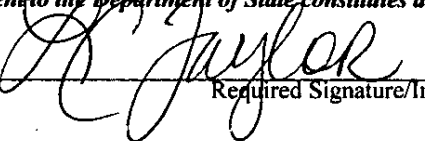
The **name and address** of the Incorporator is:

Name: Linda C. Taylor  
Address: 489 Starratt Rd Lot 90  
Atlantic Bch, FL 32218

*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/Registered Agent 3/20/14 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.*

 Required Signature/Incorporator 3/20/14 Date