

PIA000045539

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (786) 409-5946

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
AWM IT CONSULTING, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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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: AWM IT Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

150 Bonaventure Blvd.

#108

Weston, FL 33326

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to conduct any lawful business.

ARTICLE IV SHARES
The number of shares of stock is: 1000 @ \$1.00 par value per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anthony W. Martello, President

Address: 150 Bonaventure Blvd.
#108
Weston, FL 33326

Name and Title: Anthony W. Martello, Director

Address: 150 Bonaventure Blvd.
#108
Weston, FL 33326

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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(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: Sanford N. Reinhard, P.A.
Address: 1290 Weston Rd., #201
Weston, FL 33326

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sanford N. Reinhard
Address: 1290 Weston Rd., #201
Weston, FL 33326

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	<u>5/21/14</u> Date
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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.817.153, F.S.

 Required Signature/Incorporator	<u>5/21/14</u> Date
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