

P/4000070839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

π 08/25/14

COVER LETTER

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

SUBJECT: Ameris Investments Corp

(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: Ivonea C. Moura

Name (Printed or typed)

2127 Brickell Ave Ste 2302

Address

Miami, FL 33129

City, State & Zip

7865252233

Daytime Telephone number

biancamour@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: Ameris Investments Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2127 Brickell Ave Ste 2302

Miami FL 33129

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in investment opportunities, including
but not limited to real estate investment; to engage in any other trade or business which can,
in the opinion of the board of directors of the corporation, be advantageously carried on
in connection with or auxiliary to the foregoing business; and to do such other things as are
incidental to the foregoing or necessary or desirable in order to accomplish the foregoing.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ivonea C. Moura, Director

Name and Title: _____

Address 2127 Brickell Ave Ste 2302

Address: _____

Miami FL 33129

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

(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: Ivonea C. Moura
Address: 2127 Brickell Ave Ste 2302
Miami, FL 33129

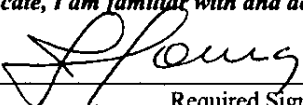
ARTICLE VII INCORPORATOR

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

Name: Ivonea C. Moura
Address: 2127 Brickell Ave Ste 2302
Miami, FL 33129


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TALLAHASSEE, FLORIDA

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

7/28/14
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

7/28/14
Date