

PA000086920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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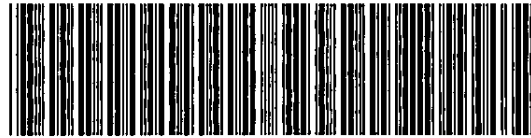
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: AMAKHELLA 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: INAKI SAIZARBITORIA, ESQ.
Name (Printed or typed)

21 E.W. 15 RD., SUITE 200
Address

MIAMI, FL. 33129
City, State & Zip

305-374-4106
Daytime Telephone number

INAKI.SAI@ADL.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: AMAKHELLA CORP.

ARTICLE II PRINCIPAL OFFICE
Principal street address

1390 BRICKELL AVE.

SUITE 104

MIAMI, FLORIDA 33131

Mailing address, if different is:

1390 BRICKELL AVE.

SUITE 104

MIAMI, FLORIDA 33131

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: GENERAL PURPOSE

ARTICLE IV SHARES
The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FEDERICO MOLINA D-P-S-T

Address: 1390 BRICKELL AVE.

SUITE 104

MIAMI, FLORIDA 33131

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
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: SEBASTIAN GOLOD

Address: 1390 BRICKELL AVE. SUITE 104

MIAMI, FLORIDA 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SEBASTIAN GOLOD

Address: 1390 BRICKELL AVE. SUITE 104

MIAMI, FLORIDA 33131

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

10-16-2014
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

10-16-2014

Date

SECRETARY OF STATE
FIDELITY AND ETHICS
DIVISION

14 OCT 17 AM 7:28