## P15000017657

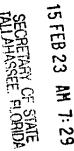
| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Office Use Only



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## **COVER LETTER**

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

| SUBJECT:             | AM & PM, INC.                              |                                     |  |  |  |
|----------------------|--|-------------------------------------|--|--|--|
|                      | (PROPOSED CORPORA                          | TE NAME – <u>MUST INCL</u>          | UDE SUFFIX)  |  |  |
| Enclosed are an orig | rinal and one (1) copy of the art          | ticles of incorporation an          | d 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 CO                       | , i no quinco  |  |  |
| FROM:                |  | es J. Parra                         |  |  |  |
|                      | 108 🗅                                      | anielle Ct                          |  |  |  |
|                      |  | Address<br>n, FL 33326              |  |  |  |
|                      | City, State & Zip<br>(954)805-2701         |                                     |  |  |  |
| _                    | Daytime Telephone number                   |                                     |  |  |  |
| <del></del>          | anpa2000<br>E-mail address: (to be use     | @yahoo.com                          | notification)  |  |  |

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



## ARTICLES OF INCORPORATION

| 07 and/or Chapter 621, F.S. (Profit)                                      |
|---|
| D. 15 FEB 23 AM 7: 29   |
| SECRETARY OF STATE TALL AHASSEE FLORIDA Mailing address, if different is: |
| •   |
|   |
|   |
| conduct any lawful business activities.                                   |
| ctors ident Name and Title: Address:                                      |
| Name and Title:   |
| Address:  |
|   |
|   |
| Name and Title:   |
|   |



(conti.)

15 FEB 23 AM 7: 29

| Name and                                 | d Title:  | _ Name and Title                         | SECRETARY OF STATE  |
|--|---|--|---|
| Address                                  |   | _ Address:                               | TALLAHASSEE. FLORIDA  |
|  |   | _  |   |
| ARTICLE VI                               | REGISTERED AGENT  |  |   |
| The <u>name and Fl</u>                   | orida street address (P.O. Box NOT acceptable)  | of the registered as                     | gent is:  |
| Name:                                    | Andres J. Parra   | _  |   |
| Address:                                 | 108 Danielle Ct   | _  |   |
|  | Weston, FL 33326  |  |   |
| ARTICLE VII                              | INCORPORATOR  |  |   |
| The name and ad                          | dress of the Incorporator is:   |  |   |
| Name:                                    | Andres J. Parra   | _  |   |
| Address:                                 | 108 Danielle Ct   |  |   |
|  | Weston, FL 33326  | _  |   |
| Having been nan<br>this certificate, I d | ned as registered agant to accept service of proces<br>am familian with and occept the appointment as re              | ss for the above si<br>gistered agent an | tated corporation at the place designated in d agree to act in this capacity  2 - 18 - 15 |
|  | Required Signature/Registered Agent   |  | Date  |
| I submit this doc<br>document to the I   | ument and affir <del>m that t</del> he facts stated herein are<br>Department of State constitutes a third degree felo | e true. I am awar<br>ny as provided foi  | e that the false information submitted in a r in s.817.155, F.S.                          |
|  | ( Langue  |  | 2-18-15   |
|  | Required Signature/Incorporator   |  | Date  |
|  |   |  |   |