

P15000053582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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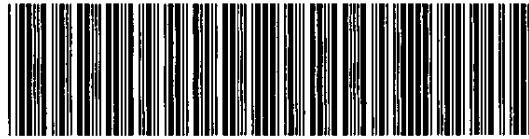
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: AMEPOL INC.

(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: Richard Lupa

Name (Printed or typed)

1557 Anthony Hts Dr

Address

Escondido, CA 92026

City, State & Zip

619-226-6300

Daytime Telephone number

amepolinc@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: Amepol Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
500 La Terraza Blvd. Suite 150
Escondido, CA 92025

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is engaged in lawful and profitable purposes,
more specifically to book publishing, travel and tour operator business and other.

ARTICLE IV SHARES

The number of shares of stock is: 20,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Richard Lupa - President/CEO

Address: 1557 Anthony Hts Dr
Escondido, CA 92026

Name and Title: Danuta Lupa- Vice President/CFO

Address: 1557 Anthony Hts Dr
Escondido, CA 92026

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: InCorp Services, Inc. _____

Address: 17888 67th Court North _____

Loxahatchee, FL 33470 _____

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ARTICLE VII INCORPORATOR

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

Name: Richard Lupa _____

Address: 1557 Anthony Hts Dr _____

Escondido, CA 92026 _____

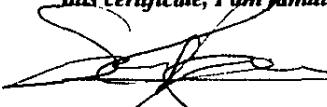
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 Sara Brantigan on behalf of InCorp Services, Inc. 6/9/15
Required Signature/Registered Agent 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

6/10/2015
Date