

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
AMIRA CUSTOM HOMES INC

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

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 S. GILBERT

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September 14, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: AMIRA CUSTOM HOMES INC
REF: W15000060215

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please give a complete address for the incorporator and president.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H15000219630
Letter Number: 715A00019287

ARTICLES OF INCORPORATION

H15000219630

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Amica Custom Homes Inc.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

25339 NW 140th LaneHigh Springs FL 32643**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: to Perform Residential Contracting Work**ARTICLE IV SHARES**The number of shares of stock is: 20**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Cory Amica - President

Name and Title:

Address

25339 NW 140 Ln
High Springs FL
32643

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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H15000219630

(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:

Levy Amira

Address:

25339 NW 14th Lane

High Springs, FL 32643

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name:

Corey Amira

Address:

25339 NW 14th Ln

High Springs, FL 32643

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

Date:

4/9/15

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.817.135, F.S.

Required Signature/Incorporator

Date:

4/9/15

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