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Florida Department of State
Division of Corporations
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Division of Corporations
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Account Name : MONAHAN MIJARES CPA PA
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FLORIDA PROFIT/NON PROFIT CORPORATION

American Income Corp.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

SEP 16 2015
S. GILBERT

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: American Income 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
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: Roark R. Monahan

Name (Printed or typed)

Monahan- Mijares CPA. PA

Address

75 Valencia Avenue, St 703

City, State & Zip

Coral Gables, FL 33134

Daytime Telephone number

elismor.castillo@mma.com.ve

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:

American Income Corp.**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

75 Valencia Av. Suite 703**Coral Gables, FL 33134.****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Real Estate Investments, and any other lawful business**ARTICLE IV SHARES**

The number of shares of stock is:

1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **Miguel Angel Sortino - DPT**Address: **75 Valencia Av. Suite 703****Coral Gables, FL 33134.**Name and Title: **Julio Cesar Sortino- DVPS**Address: **75 Valencia Av. Suite 703****Coral Gables, FL 33134.**

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

15 SEP 15 PM 8:51
FLORIDA
SECRETARY OF STATE

(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:

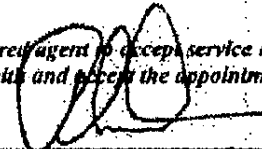
Name: Roark R. Monahan CPA
Address: 75 Valencia Avenue, Suite 703
Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

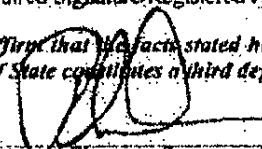
Name: Roark R Monahan
Address: 75 Valencia Avenue, Suite 703
Coral Gables, FL 33134

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 Agent08/26/2015
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 § 817.155, F.S.



Required Signature/Incorporator08/26/2015
Date