

P15000097889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

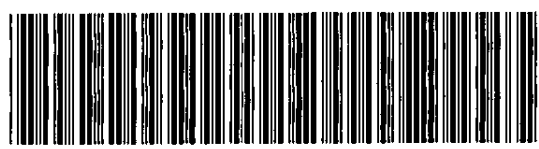
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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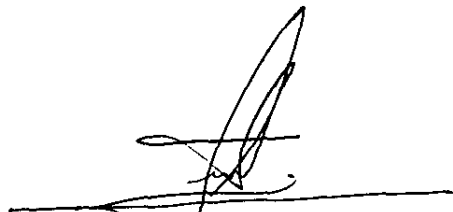
12/09/15--01014--006 **87.50

RECEIVED
DEPARTMENT OF STATE
15 DEC -9 PM 3: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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APPROVED
AND
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DEC 09 2015
T SCHROEDER

I, Juan Amaiso, President of AMSEP Drywall Systems inc. Do NOT intend to reinstate My Company and here by release The name for future use

Document N° P11000042524

A handwritten signature in black ink, appearing to be 'Juan Amaiso', written over a horizontal line.

Juan Amaiso
President of:
Amsep Drywall Systems Inc

COVER LETTER

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

SUBJECT: AMSEP DRYWALL SYSTEMS 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: Anaisa Juan
Name (Printed or typed)

1107 N. Loovers Lane Tallahassee
Address

Tallahassee FL 32312
City, State & Zip

850 376 4638
Daytime Telephone number

Anaisa Juan@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: AMSEP DRYWALL SYSTEMS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1107 N Lovers Lane

Tallahassee FL 32317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DRYWALL SYSTEMS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Amason Juan (P) Name and Title: _____

Address 1107 N Lovers Lane Address: _____
Tally 32317 FL

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE FLORIDA

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: 1107 N Lovers Lane
Address: tally FL 32312
Ancison Juan

ARTICLE VII INCORPORATOR

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

Name: Ancison Juan
Address: 1107 N Lovers Lane
tally FL 32312

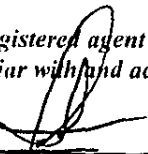
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1-1-2016 (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

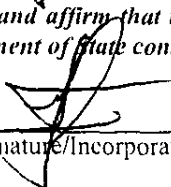


Required Signature/Registered Agent

Dec-09-2015

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 s.817.155, F.S.



Required Signature/Incorporator

Dec-09-2015

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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