

P16000056734

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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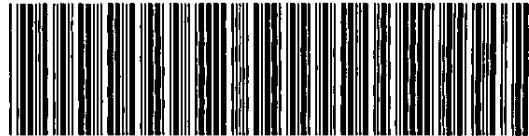
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/30/16--01005--003 **78.75

EFFECTIVE DATE

7-25-16

16 JUN 30 PM 1:55
JUL 1 2017

JUL 11 2017

S. GILBERT

COVER LETTER

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

SUBJECT: AMS AUTO SERVICES INC. (AMENDMENT)
(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: ANTHONY M. SINGH
Name (Printed or typed)

955 JUNIPER CT.
Address

KISSIMMEE FL. 34743.
City, State & Zip

321 362 1141
Daytime Telephone number

amsautoservices@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: AMS AUTO SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4489 WEST NINE ST.
KISSIMMEE FL 34743

955 JUNIPER CT.
KISSIMMEE FL 34743

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFIT FOR BUSINESS.

MINOR AUTO REPAIR SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS (President)

Name and Title: MELISSA S. SINGH Name and Title: _____

Address 955 JUNIPER CT. Address: _____

KISSIMMEE FL 34743

Name and Title: ANTHONY M. SINGH MANAGER Name and Title: _____

Address 955 JUNIPER CT. Address: _____

KISSIMMEE FL 34743

Name and Title: _____ Name and Title: _____

Address _____ 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: ANTHONY M. SINGH

Address: 955 JUNIPER CT.
KISSIMMEE FL 34743

ARTICLE VII INCORPORATOR

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

Name: ANTHONY M. SINGH

Address: 955 JUNIPER CT.
KISSIMMEE FL 34743

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6/25/16 (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

Anthony M. Singh (ANTHONY M. SINGH)
Required Signature/Registered Agent

6/20/16
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.

Anthony M. Singh
Required Signature/Incorporator

6/20/16
Date