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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3333
Fax Number : (954) 208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
AMR-CRSF, INC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 DEC 19 PM 3:46

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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

SUBJECT: AMR-CRSF, 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: _____
Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: AMR-CRSF, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address370 Minorca AvenueCoral Gables, Florida 33134

Mailing address, if different is:

370 Minorca AvenueCoral Gables, Florida 33134**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The transaction of any and all lawful business for which a corporation
may be incorporated under the Florida General Corporation Act, as the same may from time to time be amended.

ARTICLE IV SHARESThe number of shares of stock is: 500**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Jeffrey B. Rosen, DirectorAddress: c/o 370 Minorca Avenue
Coral Gables, Florida 33134Name and Title: Jeffrey B. Rosen, SecretaryAddress: c/o 370 Minorca Avenue
Coral Gables, Florida 33134Name and Title: Karen Rosen, TreasurerAddress: c/o 370 Minorca Avenue
Coral Gables, Florida 33134

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Karen Z. Rosen
Address: c/o 370 Minorca Avenue
Coral Gables, Florida 33134

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Jeffrey B. Rosen
Address: c/o 370 Minorca Avenue
Coral Gables, Florida 33134

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

By: Karen Z. Rosen
Karen Z. Rosen
Required Signature/Registered Agent

12/19/2016
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.

Jeffrey B. Rosen
Jeffrey B. Rosen
Required Signature/Incorporator

12/19/2016
Date