

P18000092489

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(Address)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32391

2018 NOV -8 AM 10:23

FILED

NOV 13 2018

AMP INFINITY ENTERPRISES INC  
6434 LAKESHORE DR  
MARGATE FL 33063  
954-687-8991

November 2, 2018

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
CORPORATE FILINGS  
PO BOX 6327  
TALLAHASSEE, FL 32314

Attention: Valerie  
Fax# 1-850-245-6804

Ref: Filing fee and Articles of new corporation AMP INFINITY ENTERPRISES INC

Dear Department of State,

I own the company named AMP Infinity Enterprises, Inc, currently inactive document number P17000090946 I know the name will be available on September of next year; I will NOT be reinstating the name and would like to request that it becomes available, so you can process the attached Articles of Incorporation under the same name.

If you have any questions do not hesitate to call me at the number above.

Cordially,

A handwritten signature in black ink, appearing to read "Jorge Casal", written in a cursive style.

Jorge Casal  
Incorporator

## COVER LETTER

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

**SUBJECT:** AMP INFINITY ENTERPRISES, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                            & Certificate of  
                            Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** JORGE L CASAL

Name (Printed or typed)

6434 LAKESHORE DR

Address

MARGATE FL 33063

City, State & Zip

954-687-8991

Daytime Telephone number

CHARRUAPACO@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: AMP INFINITY ENTERPRISES, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6434 LAKESHORE DR

MARGATE FL 33063

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: THE CORPORATION MY TRANSACT ANY AND ALL  
LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER THE FLORIDA  
GENERAL CORPORATION ACT.

**ARTICLE IV SHARES**

The number of shares of stock is: 10000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JORGE L CASAL (PRESIDENT)

Name and Title: \_\_\_\_\_

Address 6434 LAKESHORE DR

Address: \_\_\_\_\_

MARGATE FL 33063

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
20 NOV -8 AM 10:23  
SECRETARY OF STATE  
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: NEXT DAY TAX INC

Address: 7301 WILES RD UNIT 104

CORAL SPRINGS FL 33067

**ARTICLE VII INCORPORATOR**

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

Name: JORGE L CASAL

Address: 6434 LAKESHORE DR

MARGATE FL 33063

**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 days prior or 90 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*

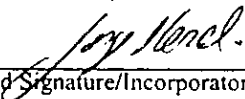


Required Signature/Registered Agent

11/02/18

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

11/02/18

Date