P1900032484

	(Requestor's Name)			
	(Address)			
	(Address)			
 -	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only

AFR 18 73



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COVER LETTER

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

SUBJECT: Amorize	e, Inc		
30DJEC1	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM:	Name 6 Moncrief Road, Suite 200	e (Printed or typed)	
		Address	<u> </u>
Jac	ksonville, Florida 32209		
	City	State & Zip	
(93	7) 203-7113		
	Daytime 7	elephone number	
con	trolaltdelete1111@gmai.com		
	E-mail address: (to be use	d 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 corporat	ion shall be:			
ARTICLE II PRINCIPAL OFFICE Principal street address 5501 University Club Blvd North #296			Mailing address, if different is: 3416 Moncrief Road, Suite 200	
Jacksonville, Florida 32		Jacksonv	ille, Florida 32209	
ARTICLE III PURPO The purpose for which the	OSE profession profess	onal corporation		
	stock is:	Name and Title	President	
Address	:: 5501 University Club North #296	Name and Title Address:	:	
	Jacksonville, Florida 32277	Address.		
Name and Title:		Name and Title	2018	
Address		Address:	मित्र किं किंद्र में किंद्र किंद्र मित्र	
				
Name and Title		Name and Title	·	
Address		Address:		
				

Name and	d Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT		
<u> </u>	orida street address (P.O. Box NOT acceptable) Gwenetta North	of the registered agent is:	
Name: Address:	5501 University Club Blvd North #296		
Addiess.	Jacksonville, Florida 32277	_	
ARTICLE VII	<i>INCORPORATOR</i>		
·	Idress of the Incorporator is:		
Name:	Gwenetta North	_	
Address:	5501 University Club Blvd North #296		
	Jacksonville, Florida 32277	_	
Effective date, if	EFFECTIVE DATE: Other than the date of filing:	(OPTIONAL	
(If an effective d	ate is listed, the date must be specific and cann	iot de more than five days p	orior or 90 days after the
	inserted in this block does not meet the applicable ffective date on the Department of State's records		s, this date will not be listed as
	ned as registered agent to accept service of proce am familiar with and accept the appointment as r		
Guller	utta XXI or Gt		3/27/2019
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein ar Department of State constitutes a third degree felo		
Stellor	1ettat Marti	‡ / /	3/27/2019
Required Signature/Incorporator			Date