

P19000041245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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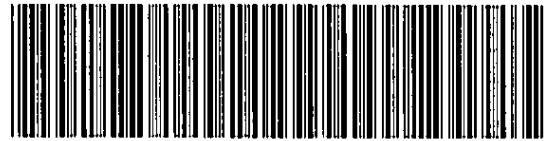
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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19 MAY -8 PM 7:05  
4000 ASHLEY BLVD  
ALBUQUERQUE, NM 87105

D O'KEEFE  
MAY 17 2019

## COVER LETTER

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

**SUBJECT:** AMP PAVERS OF BREVARD, 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:** Christina Watson  
Name (Printed or typed)  
1914 Agora CIR Suite 107  
Address  
Palm bay Florida 32909  
City, State & Zip  
321-272-6846  
Daytime Telephone number  
AMPPAVERSOFBREVARD@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

**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 PAVERS OF BREVARD, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1914 AGORA CIR Suite 107

PALM BAY FL 32909

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: INSTALLING PAVERS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: CHRISTINA WATSON, PRESIDENT

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

Address 1914 AGORA CIR 107

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

PALM BAY FL 32909

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

19 MAY -9 PM 7:05  
ATLANTA, GA

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: CHRISTINA WATSON  
Address: 1914 AGORA CIR 107  
PALM BAY FL 32909

**ARTICLE VII INCORPORATOR**

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

Name: CHRISTINA WATSON  
Address: 1914 AGORA CIR 107  
PALM BAY FL 32909

19 MAY -8 PM 7:05  
FILED

**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.)

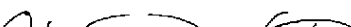
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

05/04/2019  
\_\_\_\_\_  
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.*



05/04/2019