

P190000093157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

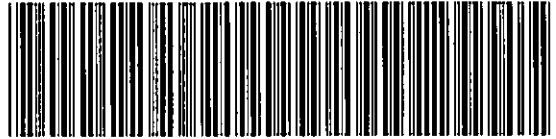
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALL CHARGES FLOREN

12/12/19--01002--008 **87.50

12/12/19 10:03:37



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2019

CAPTIAL CONNECTION

SUBJECT: AM DISTRIBUTING INC
Ref. Number: W19000107558

We have received your document for AM DISTRIBUTING INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Marti Simmons
Regulatory Specialist II

Letter Number: 819A00025271

COVER LETTER

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

SUBJECT: AM DISTRIBUTING BREAD & ROLLS 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: MICHAEL CAVASINA

Name (Printed or typed)

POB 8266

Address

PORT SAINT LUCIE, FL 34985

City, State & Zip

7722846201

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.

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: AM DISTRIBUTING BREAD & ROLLS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

8 CORTEZ LANE

PORT SAINT LUCIE, FL 34952

Mailing address, if different is:

POB 8266

PORT SAINT LUCIE, FL 34985

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PARTICIPATE IN ANY AND ALL LEGAL PRACTICES OF BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL CAVASINA PRESIDENT

Address POB 8266

PORT SAINT LUCIE, FL 34985

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
ALL AMASSEE, FL 34901

19 DEC 16 PM 3:28

FILED

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: MICHAEL CAVASINA
Address: 8 CORTEZ LANE
PORT SAINT LUCIE, FL 34952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL CAVASINA
Address: POB 8266
PORT SAINT LUCIE, FL 34985

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

12-11-19
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

12-11-19
Date