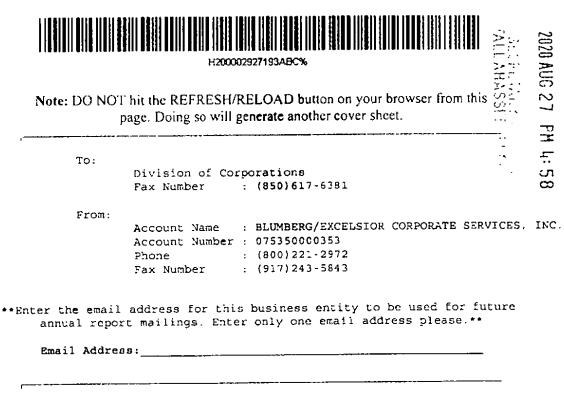
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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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## FLORIDA PROFIT/NON PROFIT CORPORATION AM GROUP ASSETS CORP

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\$70.00

Electronic Filing Menu Corporate Filing Menu

Help

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

RTICLE I NAME AM Group Assets Corp ne name of the corporation shall be:  RTICLE II PRINCIPAL OFFICE  Principal street address			Iress, if different is:
40 N Lake Sybela Dr		1240 N Lake Sybela Maitland FL 32751	ı Dr
Maitland FL 32751		Wantano PE 32731	
			<del></del>
TICLE III PURPO e purpose for which the	<u>PSE</u> ne corporation is organized is:	ge in any lawful act or activity for	
nich corporations may			
			2( 'A
	- <del></del> -		020 A
			A JG
			Sia 2
			71.
			<u> </u>
TICLE IV SHARI e number of shares of			8
e number of shares of	stock is:	Name and Title:	
e number of shares of TICLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTORS  Adriana Marin -PRESIDENT  1240 N Lake Sybela Dr	Name and Title:	
e number of shares of	L OFFICERS AND/OR DIRECTORS  Adriana Marin -PRESIDENT  1240 N Lake Sybela Dr	Name and Title:	
e number of shares of TICLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTORS Adriana Marin -PRESIDENT 1240 N Lake Sybela Dr	Name and Title:	
e number of shares of ETICLE V INITIA Name and Title Address	Adriana Marin -PRESIDENT  1240 N Lake Sybela Dr  Maitland FL 32751	Name and Title:	
e number of shares of ETICLE V INITIA Name and Title Address	L OFFICERS AND/OR DIRECTORS Adriana Marin -PRESIDENT 1240 N Lake Sybela Dr Maitland FL 32751	Name and Title:  Address:  Name and Title:	
PTICLE V INITIA  Name and Title  Address  Name and Title:	L OFFICERS AND/OR DIRECTORS Adriana Marin -PRESIDENT  1240 N Lake Sybela Dr  Maitland FL 32751	Name and Title:  Address:  Name and Title:	
PTICLE V INITIA  Name and Title  Address  Name and Title:	L OFFICERS AND/OR DIRECTORS Adriana Marin -PRESIDENT  1240 N Lake Sybela Dr  Maitland FL 32751	Name and Title:  Address:  Name and Title:  Address:	
Name and Title  Name and Title  Address	L OFFICERS AND/OR DIRECTORS Adriana Marin -PRESIDENT  1240 N Lake Sybela Dr  Maitland FL 32751	Name and Title:  Address:  Name and Title:  Address:	
Name and Title  Name and Title  Address	L OFFICERS AND/OR DIRECTORS Adriana Marin -PRESIDENT  1240 N Lake Sybela Dr  Maitland FL 32751	Name and Title:  Address:  Name and Title:  Address:  Name and Title:	

Name ar	nd Title:	Name and Title:	
Address	s	Address:	
	<i>REGISTERED AGENT</i> lorida street address (P.O. Box NOT accep	table) of the registered agent is:	
Name:	Adriana Marin		
	1240 N Lake Sybela Dr	<del></del>	
Address:	Maitland FL 32751	·	
	Walland FL 32731	<del>*************************************</del>	
.0010101111	ANGORDOR' (TOD		
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	Adriana Marin		
Address:	1240 N Lake Sybela Dr		
	Maitland FL 32751		
Effective date, if	EFFECTIVE DATE:  other than the date of filing: date is listed, the date must be specific and ling.)	. (OPTION) I cannot be more than five bus	AL) iness days prior or 90 business
	e inserted in this block does not meet the appeter inserted in the Department of State's reference of the Department of State's reference in the Department of State's referen		ents, this date will not be listed as
this cartificate 1	med as registered agent to accept service of am familiar with and accept the appointmen	nt as registered agent and agree t	poration at the place designated in to act in this capacity
, j	and Market		3/21/2020
1,050	(CONCEST ON Required Signature/Registered Ag	m	Date
A submit this do	eument and affirm that the facts stated her Deparament of State constitutes a third degr	em are true. I am aware mai me	e false information submitted in a
1 4 1	an Marin	· · · · · · · · · · · · · · · · · · ·	3/21/2020
ا المراجع المر المراجع المراجع المراج	MANAGE OF CONTROL OF THE SIGNATURE INCORPORATOR		Date
wedn	med signature theraparation		