

Division of Corporations

Page 1 of 1

**P20000066804**

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.

(((H20000292719 3)))



H200002927193ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (917) 243-5843

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

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

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

**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 Group Assets Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address1240 N Lake Sybela DrMaitland FL 32751

Mailing address, if different is:

1240 N Lake Sybela DrMaitland FL 32751**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: to engage in any lawful act or activity forwhich corporations may be organized.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Adriana Marin -PRESIDENT

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

Address

1240 N Lake Sybela Dr

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

Maitland FL 32751

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

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

Address

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

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

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

Address

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

FILED  
2020 AUG 27 PM 4:58  
CLERK OF DISTRICT COURT  
JALAMASSEE FL

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: Adriana Marin

Address: 1240 N Lake Sybela Dr

Maitland FL 32751

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Adriana Marin

Address: 1240 N Lake Sybela Dr

Maitland FL 32751

**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 business days prior or 90 business 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*

Adriana Marin

Required Signature/Registered Agent

3/21/2020

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.

Adriana Marin

Required Signature Incorporator

3/21/2020

Date