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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

AMY ALF CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

2020 OCT 15 PM 2:25

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: AMY ALF CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6950 W. 6 AVE #417
HIALEAH, FL 33014

Mailing address, if different is:

6950 W 6 AVE #417
HIALEAH, FL 33014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100 @ $1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barbara M. Fernandez Figueredo
Address: (PRESIDENT)
6950 W 6 AVE #417
HIALEAH, FL 33014

Name and Title:
Address:

Name and Title: ALBERTO J. CHOY
Address: (VICE-PRESIDENT)
6950 W 6 AVE #417
HIALEAH, FL 33014

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

2020 OCT 15 PM 3:03
STATE 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: Barbara M. Fernandez Figueredo

Address: 6950 W 6 AVE #417

HIALEAH, FL 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Barbara M. Fernandez Figueredo

Address: 6950 W 6 AVE #417

HIALEAH, FL 33014

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

/s/ Barbara M. Fernandez Figueredo 10/14/2020

Required Signature/Registered Agent 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.

/s/ Barbara M. Fernandez Figueredo

Required Signature/Incorporator

Date 10/14/2020

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STATE

TALLAHASSEE, FL