Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : IMPROVED REVENUE SERVICE INC

Account Number : I20190000119 Phone

: (786)552-2905

Fax Number : (786)733-1744

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FLORIDA PROFIT/NON PROFIT CORPORATION AMG CATERING CORP

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Electronic Filing Menu

Corporate Filing Menu

Help

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

CLE JI PRI	NCIPAL OFFICE Principal street address	Mailing address	Mailing address, if different is: SAME AS PRINCIPAL ADDRESS	
0 W 54TH S	ST	SAME AS PRINC		
ALEAH, FL	33012			
CLE III PUR ourpose for which	RPOSE the the corporation is organized is:A	NY AND ALL LAWFUL BUSIN	ESS	
ICLE IV SIL	<u>4RES</u> of stock is: 100 SHARES AT \$	1.00 PAR VALUE		
ICLE IV SIL	ARES of stock is: 100 SHARES AT \$	1.00 PAR VALUE		
number of shares	of stock is: 100 SHARES AT \$	<u>PRS</u>		
number of shares	of stock is: 100 SHARES AT \$1	SIDENT Name and Title:		
number of shares	of stock is: 100 SHARES AT \$	SIDENT Name and Title:		
number of shares ICLE V INI Name and T	of stock is: 100 SHARES AT \$1	SIDENT Name and Title:Address:		
number of shares ICLE V INI Name and T	TIAL OFFICERS AND/OR DIRECTO Title: LETICIA BARRIOS/PRE	SIDENT Name and Title:Address:	3.10 0.20	
number of shares ICLE V INI Name and T Address	TIAL OFFICERS AND/OR DIRECTO TIAL O	SIDENT Name and Title:Address:	79.00 P.C. 22	
Name and T	TIAL OFFICERS AND/OR DIRECTO Title: LETICIA BARRIOS/PRE 1100 W 54TH ST HIALEAH, FL 33012	SIDENT Name and Title:Address:Name and Title:	70.70 NEC 22 F	
number of shares ICLE V INI Name and T Address	TIAL OFFICERS AND/OR DIRECTO	SIDENT Name and Title:Address:Name and Title:Address:	2000 NEC 22 F 1 1 00	
Name and T	TIAL OFFICERS AND/OR DIRECTO Title: LETICIA BARRIOS/PRE 1100 W 54TH ST HIALEAH, FL 33012	SIDENT Name and Title: Address: Name and Title: Address:	7070 NEC 22 F 1 6 00	
Name and T	TIAL OFFICERS AND/OR DIRECTO	SIDENT Name and Title: Address: Name and Title: Address:	2000 NEC 22 F 1 1 00	
Name and T Address Name and T Address	TIAL OFFICERS AND/OR DIRECTO Title: LETICIA BARRIOS/PRE 1100 W 54TH ST HIALEAH, FL 33012	SIDENT Name and Title: Address: Name and Title: Address:	200 NEC 22 F 1 1 00	
Name and T Address Name and T Address	TIAL OFFICERS AND/OR DIRECTO Title: LETICIA BARRIOS/PRE 1100 W 54TH ST HIALEAH, FL 33012	SIDENT Name and Title: Address: Name and Title: Address: Name and Title:	200 NEC 22 F 1 1 00	

4:33 PM	(((H200004	29006 3)))	PQ 5 C
Name and	Title:	Name and Title:	
Address		Address:	
	EGISTERED AGENT rida street address (P.O. Box NOT accepta	able) of the registered agent is:	
Name:	LETICIA BARRIOS		
Address:	1100 W 54TH ST		
	HIALEAH, FL 33012		
ARTICLE VII	NCORPORATOR		
The name and add	dress of the Incorporator is:		
Name:	LETICIA BARRIOS		
Address:	1100 W 54TH ST		
	HIALEAH, FL 33012		
Effective date, if o	EFFECTIVE DATE: other than the date of filing: 01/01 ate is listed, the date must be specific and	//2021 (OPTION/ I cannot be more than five day	AL) s prior or 90 days after the
Note: If the date the document's ef	inserted in this block does not meet the appreciate date on the Department of State's re	olicable statutory filing requirements.	ents, this date will not be listed as
	ed as registered agent to accept service of pr miliar with and accept the appointment as		
لسطل	₂)		12/15/2020
	Required Signature/Registered Age	ent	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 \$.817.155, F.S.

12/15/2020

Required Signature/Incorporator

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