

1/19/2021

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Division of Corporations  
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 : ULLOA & COMPANY PROFESSIONAL ASSOCIATION  
Account Number : 120190000086  
Phone : (305)275-1300  
Fax Number : (888)653-6564

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

Email Address: janeliliana@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**AMC PTO INC**

Certificate of Status	0
Certified Copy	0
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## 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: AMC PTO INC

### ARTICLE II PRINCIPAL OFFICE

Principal **street** address is: 12425 Sunset Dr, Miami, FL 33183

Mailing address, if different is:

### 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: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Janel Luciani, President

Address: 12425 Sunset Dr, Miami, FL 33183

Name and Title: Elly Valdes, Vice-President

Address: 12425 Sunset Dr, Miami, FL 33183

Name and Title: Marcella Corbo, Treasurer

Address: 12425 Sunset Dr, Miami, FL 33183

Name and Title: Elizabeth Carlin, Secretary

Address: 12425 Sunset Dr, Miami, FL 33183

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#### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Janel Luciani, President

12425 Sunset Dr, Miami, FL 33183

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

Janel Luciani, President

12425 Sunset Dr, Miami, FL 33183

#### ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing:

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

*J Luciani*

\_\_\_\_\_  
Required Signature/Registered Agent

01/19/2020

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.

*J Luciani*

\_\_\_\_\_  
Required Signature/ Incorporator

01/19/2020

FILED  
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TALLAHASSEE, FLORIDA