

1/19/2021

PAID 0000003164
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 : I20190000086
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: janelliliana@gmail.com

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

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

File 1/20/21

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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

2021 JAN 19 PM 2:39
F. M. L. L.
SECRETARY

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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

2021 JAN 19 PM 2:39
MAIL ROOM
STATE OF FLORIDA