Division of Corporations

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Division of Corporations Electronic Filing Cover Sheet

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(((H21000043483 3)))



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FE2-4 PH 3:

Division of Corporations

Fax Number : (850)617-6381

From:

To:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

| Email | Address: | |
|-------|----------|------|
| | | |

J. FASON

FEB 05 2021

FLORIDA PROFIT/NON PROFIT CORPORATION SLOAN AMS HOLDINGS INC.

***THE ORIGINAL FAX MAY NOT HAVE BEEN REC'D. PLEASE PROVIDE THE ORIGINAL SUBMISSION DATE OF 2/1/2021

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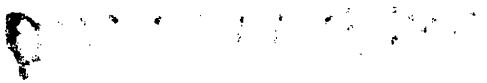
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February 4, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES

SUBJECT: SLOAN AMS HOLDINGS INC.

REF: W21000012220

We have received your document for SLOAN AMS HOLDINGS INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

WILLIAM LAWRENCE Regulatory Specialist II FAX Aud. #: H21000043483 Letter Number: 721A00002552 Taylor Seay 8004323622

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: | Sloan AMS Holdings i | Inc. | | |
|-------------------------|--|---------------------------------------|--|--|
| | (PROPOSED CORPORA | TE NAME – MUST INCL | UDE SUFFEX) | |
| Enclosed are an orig | ginal and one (1) copy of the art | icles of incorporation and | d a check for: | |
| □ \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | □ \$78,75 Filing Fee & Certified Copy | ☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status | |
| | | ADDITIONAL CO | PY REQUIRED | |
| FROM: | Jay Reeve Name | e (Printed or typed) | | |
| | | Address | | |
| _ | City, | State & Zip | | |
| | Daytime T | elephone number | | |
| | jay@reeveaugustine.com | | | |
| | E-mail address: (to be used | d for future annual report n | outication) | |

NOTE: Please provide the original and one copy of the articles.

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

| ARTICLE I NAME The name of the corpora | tion shall be: | Sloan AMS Holdin | ngs Inc. | | |
|--|----------------------------------|-------------------------|---------------|-----------------------------------|----------------|
| ARTICLE II PRINC | CIPAL OFFICE Principal street | | | Mailing address, if different is: | |
| 1071 South St | un Drive, Su | ite 2001 | | | |
| Lake Mary, FL | 32746 | | | | |
| ARTICLE III PURPO The purpose for which t | <u>25E</u> he corporation i | s organized is: For the | ne transactio | on of any and all lawful | |
| business for which | h corporation | ns may be organiz | zed under F | lorida laws. | |
| | | | · | | |
| | | | | | |
| | | | | | |
| | <u></u> | | | | 292 |
| | | | | | |
| | | | | | - 3 |
| ARTICLE IV SHARI | ES 4 a | | | | 1 |
| The number of shares of | | 000 | | | 7 |
| | | | | | AH (|
| ARTICLE V INITIA | | | | ; | 6: |
| Name and Title | | Sloan, President, | Name and T | îtle; | <u> </u> |
| Address | Secretary, | Sole Director & | Address: | | |
| | Sole Shar | eholder | | · | |
| | 1071 South | Sun Drive, Suite | 2001 | | |
| | Lake Mary, | FL 32746 | | | |
| Name and Title: | | | Name and T | (tle: | |
| Address | ······ | | Address: | | |
| | | | | | |
| • | | | | | |
| • | | | _ | · | |
| Name and Title: | | | Name and Ti | ide: | |
| Address | | | | | |
| 2 (MA) (-83 | | | | | |
| - | | | | | |
| | | | _ | | |

| Name and Title: | | Name and Title: | | |
|--|---|--|--------------------|--|
| Address | | Address: | | |
| | | | | |
| | | # The state of the | | |
| | | | | |
| ARTICLE VI The name and F | REGISTERED AGENT o rida street address (P.O. Box NO T acceptable) of t | the registered agent is: | | |
| Name: | Daniel L. Stoan | | | |
| Address: | 1071 South Sun Drive, Suite 2001 | | | |
| | Lake Mary, FL 32746 | | | |
| ARTICLE VII | <u>INCORPORATOR</u> | | | |
| The <u>name and ad</u> | dress of the Incorporator is: | | 2 | |
| Name: | Daniel L. Sloan | · | 021 | |
| Address: | 1071 South Sun Drive, Suite 2001 | I | | |
| | Lake Mary, FL 32746 | | 021 FEB - 1 | |
| | EFFECTIVE DATE: uther than the date of filing: | (OPTIONAL) | AH 6 | |
| If an effective d | ate is listed, the date must be specific and cannot | be more than five days prior or 90 days after th | ۇ: ال _ا | |
| | inserted in this block does not meet the applicable s flective date on the Department of State's records. | tatutory filing requirements, this date will not be lis | | |
| Having been nam certificute, Lam fo | red an registered agent to occups service of process for unifier with and accept the appointment as pegistered | the above stated corporation at the place designates d agent and agree to act in this capacity | l in this | |
| <u>/</u> | 11/10 | 02/01/2021 | | |
| | Recuiped Signature/Registered Agent | Datè | | |
| wbmlt this doci locument to the L | ument and affirm that the facts stated herein are to experiment of Statesconstitutes a third degree fellow | rue. I am aware that the false information submitt as provided for in 9.817.155, F.S. | ed In a | |
| | | 02/01/2021 | | |
| Required Signatur | re/Inediporator | Daté | | |