Electronic Articles of Incorporation For

AM MANAGEMENT SOLUTIONS INC

P21000054197
FILED
March 31, 2021
Sec. Of State
tcline

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

AM MANAGEMENT SOLUTIONS INC

Article II

The principal place of business address:

1222 ACAPPELLA LANE
APOLLO BEACH, FL. 33572

The mailing address of the corporation is:

1222 ACAPPELLA LANE
APOLLO BEACH, FL. 33572

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

1

Article V

The name and Florida street address of the registered agent is:

ALEJANDRA MOREJON
1222 ACAPPELLA LANE
APOLLO BEACH, FL. 33572

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: ALEJANDRA MOREJON

P21000054197
FILED
March 31, 2021
Sec. Of State
tcline

Article VI

The name and address of the incorporator is:

MAURENT A MOREJON
1222 ACAPPELLA LANE

APOLLO BEACH, FL 33572

Electronic Signature of Incorporator: MAURENT A MOREJON

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
MAURENT A MOREJON
1222 ACAPPELLA LANE
APOLLO BEACH, FL. 33572

P21 0000 54197

06/07/2021

General Affidavit

State of Florida

County of Hillsborough

I, Maurent A. Morejon president of AM Management Solutions Inc of 1222 Acappella Lane Apollo Beach Florida, do hereby swear under oath that:

Document P13000033440 will not be reinstated or renew.

Under penalty of perjury, I hereby declare and affirm that the above stated facts, to the best of my knowledge, are true and correct.

DATED this 9 Day of June, 2021.

Signature

Maurent A. Morejon

Printed Name

State of Florida
COUNTY OF HILLSBOROUGH
the foregoing instrument was acknowledged
before me this 9 day of July 2021
by Maurent A Morejon
Personally Known ____
OR Produced Identification X
Type of Identification FL DL

Victoria J Dunn
Notary Public State of Florida
My Comm Expires 08/08/23
Commission# GG322201

Signature of Notary Public