

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000118218 3)))



H220001182183ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
AM INSTALLATION GROUP CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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

ARTICLE I NAMEThe name of the corporation shall be: AM INSTALLATIONS GROUP CORP**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address2436 VERNON AVE S.
LEHIGH ACRES, FL 33973

Mailing address, if different is:

2436 VERNON AVE S.
LEHIGH ACRES, FL 33973**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: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ILEDIER MOLINA DIAZ - P

Name and Title: _____

Address 21105 SW 213th AVE RD

Address: _____

MIAMI, FL 33187

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
2022 MAR 31 PM 2:21
CLERK
LEHIGH ACRES, FL 33973

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ILEDIER MOLINA DIAZ
Address: 2436 VERNON AVE S.
LEHIGH ACRES, FL 33973

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ILEDIER MOLINA DIAZ
Address: 21105 SW 213th AVE RD
MIAMI, FL 33187

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

/s/ Iledier Molina Diaz _____
Required Signature/Registered Agent 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 s.817.155, F.S.

/s/ Iledier Molina Diaz _____
Required Signature/Incorporator Date

FILED
2022 MAR 31 PM 2:21
TALLAHASSEE, FLORIDA