

1/18/23, 4:09 PM

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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : ALEX PINA CO.  
Account Number : 120190000095  
Phone : (305)803-8471  
Fax Number : (305)602-3977

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

Email Address: client@alexpina.CO

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Ama Media and Marketing Inc**

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

**FILED**  
2023 JAN 18 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: Ama Media and Marketing Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address8400 NW 36th St Ste 450

Mailing address, if different is:

Doral, FL 33166**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and All Lawful Purpose. . .**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Amanda Leonel Tose - President

Name and Title: \_\_\_\_\_

Address 8400 NW 36th St Ste 450

Address: \_\_\_\_\_

Doral, FL 33166

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Alex Pina Co.  
Address: 8400 NW 36th St Ste 450  
Doral, FL 33166

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Amanda Leonel Tose  
Address: 8400 NW 36th St Ste 450  
Doral, FL 33166

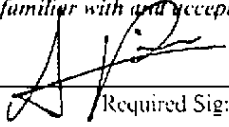
**ARTICLE VIII EFFECTIVE DATE:**

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*

\_\_\_\_\_  
 Required Signature/Registered Agent  
1/18/2023  
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.*

Amanda Leonel Tose  
\_\_\_\_\_  
Required Signature/Incorporator  
1/18/2023  
Date