Division of Corporations **Electronic Filing Cover Sheet** 

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.

(((H23000034460 3)))



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:

2023

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

\*\*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 **AOMT CORPORATION**

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

Electronic Filing Menu

Corporate Filing Menu

 $H\mathfrak{clp}$ 



ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

AOMT Corporation	
ARTICLE H PRINCIPAL OFFICE:	
The principal street address and mailing address is	:
27849 sw 133 ave Homestead FL, 33032	
ARTICLE III SHARES: The number of shares of stock is: 100	
ARTICLE IV INITIAL DIRECTORS AND/OR OFF	ICEIS:
Angel Osvaldo Martinez de la Torre (P)	
ARTICLE V INITIAL REGISTERED AGENT AND STREE	TADDRESS:
The name and Florida street address (PC Box not acceptable) of the re-	gistered agent is:
Angel Osyaldo Martinez de la Torre	
27849 sw 133 ave Homestead FL 33032	
ARTICLE VI INCORPORATOR: The name and address of the	Incorporator is:
Angel Osyaldo Martinez de la Torre	
27849 sw 133 ave Homestead FL, 33032	
	· · · · · · · · · · · · · · · · · · ·

## Required Signatures:

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

1/26/2023
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.

1/20/2023
Incorporator Date