

P230000011628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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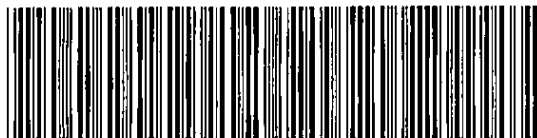
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIRECTOR'S OFFICE
CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: _____
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: MARIA GARCIA-SORIANO
Name (Printed or typed)

922 CARRAWAY ST, #A
Address

Tallahassee, FL 32308
City, State & Zip

850-412-2956
Daytime Telephone number

maria.garciaso33@hotmail.com
E-mail address: (to be used for future annual report notification)

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 corporation shall be: AMAMBATH, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

AMAMBATH, INC

922 Caraway St # A

Tallahassee, FL 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FIDEL GARCIA SORIANO Name and Title: ISABEL PERDUSA SORIANO

Address: PRESIDENT Address: VICE - PRESIDENT

CALLE FRANCIA 1
ELDA 03600 SPAIN

CALLE FRANCIA 1
ELDA 03600, SPAIN

Name and Title: AITANA GARCIA ANDRES Name and Title: _____

Address: TREASURER & SECRETARY Address: _____

922 CARAWAY ST # A
Tallahassee, FL 32308

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2023 FEB 14 PM 6:04

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: MARIA GARCIA-SORIANO
Address: 922 CARRAWAY ST #A
Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIA GARCIA-SORIANO
Address: 922 CARRAWAY ST #A
Tallahassee, FL 32308

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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

Maria
Required Signature/Registered Agent

2/14/23
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.

Maria
Required Signature/Incorporator

2/14/23
Date