

P23000058192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

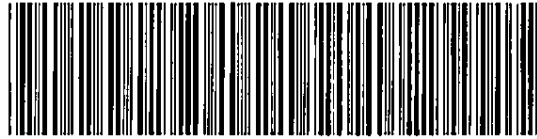
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Certified Copies _____

Certificates of Status _____

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2023 AUG -9 AM 11:18
CORPORATIONS
TALLAHASSEE, FLORIDA

2023 AUG -9 PM 2:03

COVER LETTER

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

SUBJECT: NEW AMAZAMY INC
(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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ATIA MARIE ZAMICIELI
Name (Printed or typed)

108 COLUMBIA DR UNIT 3202
Address

TALLAHASSEE FL 32304
City, State & Zip

850 - 225 - 9391
Daytime Telephone number

atiazamichieli@gmail.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: NEW AMAZAMY INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

108 Columbia Dr
unit 3202 Tallahassee
FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: YOUTH SERVICES, HEALTH CARE,
SERVICES FOR DISSABLE

ARTICLE IV SHARES

The number of shares of stock is: 5

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ATIA ZAMICHELI Name and Title: PRESIDENT

Address: 108 WHITE DR Address: _____
UNIT 3202 _____
TALLAHASSEE FL 32304 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2023 AL -5 PM 2:03

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: ATIA ZAMICHIELI

Address: 108 COLUMBIA DR
UNIT 3202 TALLAHASSEE FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ATIA ZAMICHIELI

Address: 108 COLUMBIA DR
UNIT 3202 TALLAHASSEE FL 32304

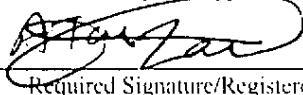
ARTICLE VIII EFFECTIVE DATE:

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

08/08/2023
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.



Required Signature/Incorporator

08/08/2023
Date

2023 AUG -5 PM 2:05