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below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : I20000000019 Phone : (305)552-5973

: (305)675-5944

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

Email Address:		_
Email Address:	 	_

FLORIDA PROFIT/NON PROFIT CORPORATION AMG QUALITY SERVICES INC

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

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Corporate Filing Menu

Help



ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

	ARTICLE II PRINCIPAL OFFICE:		-
	The principal street address and mailing address i	i.a.	
3380 7 <u>2nd Ave</u>	e NE Naples Florida 34120	.8:	
	7 1 10		!
			
			
ARTICLE III	SHARES: The number of shares of stock is:	100	
ADTIC	CT TO TAY		
	CLE IV INITIAL DIRECTORS AND/OR OF		
Gabilelle I nyme i	Miyar (president).		
		<u></u>	
		I AP	
·			9
		SS C	l F
		PA 4:	C
		THE	
ARTICLEV	AGENT AND STREE	ET ADDRESS:	
ine name and F	lorida street address (PO Box not acceptable) of the re	egistered agent is:	
Sabrie <u>lle Miyar</u>	3380 72nd ave ne naples fl 34120		
			
	·		
ADTÉCT PAR			
ARTICLEVI	INCORPORATOR: The name and address of the 72nd age ne naples fl 34120	Incorporator is:	
) 7.0 mail		

EIN: 99 - 2335379

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

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 felopy as provided for in s.817.155, F.S.

Incorporator

04/04/2024

Date