

P24000042622

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TALLAHASSEE, FL
06/24/24--01002-019

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SECRETARY
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: AMP Enterprises
(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 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

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

FROM: Anthony Grant
Name (Printed or typed)
4495 Sheltzer Rd Apt #55
Address
Tallahassee FL 32304
City, State & Zip
448-500-7509
Daytime Telephone number
twang1322@gmail.com
E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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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: AMP Enterprises Of FLORIDA Inc.

ARTICLE II PRINCIPAL OFFICE

4495 Shelton Rd Apt #55
32305 Tallahassee FL

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Misc. purposes

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anthony Graft CEO Name and Title: _____
Address: 4495 Shelton Rd #55 Address: _____
Tallahassee FL 32305

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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CLERK OF STATE
TALLAHASSEE, FL

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: Anthony Grant CEO

Address: 4445 Shelter Rd #35

Tallahassee FL 32305

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Anthony Grant (FI)

Address: 4445 Shelter Rd #35

Tallahassee FL 32305

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6/23/24 (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

Katelyn Grant

Required Signature/Registered Agent

6/24/24

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.

Anthony Grant

Required Signature/Incorporator

6/24/24

Date

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2024 JUL 24 AM 10:17

CLERK OF THE COURT