

9/6/24, 11:12 AM

Division of Corporations

# Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : RCA ACCOUNTING SERVICES CORP  
Account Number : I20180000102  
Phone : (305)799-7633  
Fax Number : (305)564-6857

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

Email Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

## FLORIDA PROFIT/NON PROFIT CORPORATION AMA EXPRESS COURIER CORP

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**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 AMA EXPRESS COURIER, CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

8100 Geneva CT apt 447, Doral FL, 33166

Mailing address, if different is:

SAME AS PRINCIPAL

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:       

**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is:       100      

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ANA MILENA ACOSTA /P

Address: 8100 Geneva CT apt 447, Doral FL, 33166

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name ANA MILENA ACOSTA

Address: 8100 Geneva CT apt 447, Doral FL, 33166

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**ARTICLE VII INCORPORATOR**

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

Name: ANA MILENA ACOSTA

Address: 8100 Geneva CT apt 447, Doral FL, 33166

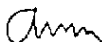
**ARTICLE VIII EFFECTIVE DATE:**

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

09/06/2024

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. 447.15, F.S.*



Required Signature/Incorporator

09/06/2024

Date

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