

P. 9 5 0 0 0 0 4 4 4 6 6

FROM MIAMI AMS SERVICE CENTER  
4471 NW 36 ST, SUITE 222  
MIAMI, FL 33166

OFFICE USE ONLY

RECEIVED  
06/01/95  
\*\*\*\*\*

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

\*\*\*\*\*

Examiner's Initials

**MIAMI AMS SERVICE CENTER, INC.,**

4471 NW 36th Street, Suite 222

Miami, FL 33166

Phone (305) 621-7435

Fax (305) 624-8754

May 30, 1995

Secretary of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Re: MIAMI AMS SERVICE CENTER, INC.

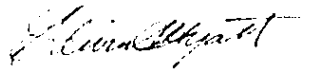
FILED  
MAY 31 1995  
SECRETARY OF STATE  
TALLAHASSEE, FL

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50

This represents the cost of the Filing Fees, Certified Copy of the Articles of Incorporation and fee for Registered Agent Designation for the above named corporation.

Very truly yours,



Edwin Hyatt  
President

## ARTICLES OF INCORPORATION

of

MIAMI AMS SERVICE CENTER, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

### ARTICLE I - CORPORATE NAME

The name of the corporation is:

MIAMI AMS SERVICE CENTER, INC.

### ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

### ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

### ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares ( 500 ) of One Dollar Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

### ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>EDWIN HYATT</u>		
ADDRESS	<u>19842 NW 65th Court</u>		
CITY	<u>Miami,</u>	FLORIDA	FL <u>ZIP 33015</u>

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>MIAMI AMS SERVICE CENTER, Inc</u>		
ADDRESS	<u>4471 NW 36th Street, Suite 222</u>		
CITY	<u>MIAMI</u>	FLORIDA	ZIP <u>33166</u>

### ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have \_\_\_\_\_ (\_\_\_\_\_) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>EDWIN HYATT</u>		
ADDRESS	<u>19842 NW 65th Court</u>		
CITY	<u>Miami</u>	STATE	FL <u>ZIP 33015</u>
NAME	<u>MYRNA CARMONA-HYATT</u>		
ADDRESS	<u>19842 NW 65th Court</u>		
CITY	<u>Miami</u>	STATE	FL <u>ZIP 33015</u>
NAME			
ADDRESS			
CITY		STATE	ZIP

CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT  
OF

MIAMI AMS SERVICE CENTER  
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 4471 NW 36 Street, Suite 222

Miami, FL 33166

has named EDWIN HYATT

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.

Edwin Hyatt  
(registered agent)

**ARTICLE VII - INCORPORATORS**

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	EDWIN HYATT		
ADDRESS	19842 NW 65th Court		
CITY	Miami	STATE	FL ZIP 33015
NAME	MYRNA CARMONA-HYATT		
ADDRESS	19842 NW 65th Court		
CITY	Miami	STATE	FL ZIP 33015
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 31<sup>st</sup> day of May, 1995.

\_\_\_\_\_(S al)  
 \_\_\_\_\_(S al)  
 \_\_\_\_\_(S al)

STATE OF FLORIDA )  
 COUNTY OF Dade ) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

[Signature]  
 Signature  
[Signature]  
 Signature  
 \_\_\_\_\_  
 Signature

DL # 1300-201-59-377-0  
 Form of Identification  
DL # C 655-556-54-830-0  
 Form of Identification  
 \_\_\_\_\_  
 Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that they executed these Articles of Incorporation, that relied upon the form of identification of the above named person as indicated opposite each name, and that an oath (was) (was not) taken.

NOTARY RUBBER STAMP SEAL  
 NOTARY PUBLIC, STATE OF FLORIDA.  
 MY COMMISSION EXPIRES: July 17, 1995.  
 BONDED THRU NOTARY PUBLIC UNDERWRITERS.

Witness my hand and official seal in the County and State last aforesaid this 31<sup>st</sup> day of May, 1995  
[Signature]  
 Notary Signature  
MARGALY R SANTOS  
 Printed Notary Signature