

P96000000850  
TRANSMITTAL LETTER

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

SUBJECT: ALL MODERN AMERICAN TECHNOLOGY, INC.  
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check  
for \$ 70.00 .

FROM:

ATYAT HELMY  
Name (printed or typed)  
4701 S.W. 45TH ST. BLDG. 15, BAY 21  
Address  
DAVIE, FLORIDA 33314  
City, State, & Zip  
( 305 ) 524-8642  
Telephone Number

000001671250  
-12/26/95--01104--006  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

*Dmc/4/96*

Note: Please provide the original and a copy of the Articles.

FILED  
95 DEC 26 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**

**FILED**  
95 DEC 26 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\_\_\_\_\_  
The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

ALL MODERN AMERICAN TECHNOLOGY, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

4701 SW 45TH ST., BLDG. 15, BAY 21  
DAVIE, FLORIDA 33314

**ARTICLE III CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 SHARES COMMON STOCK @ .50 PER SHARE PAR VALUE

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

PHILLIP GADELRAE  
4701 SW 45th ST, BLDG 15, BAY 21  
DAVIE, FLORIDA 33314

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ATYAT HELMY  
4701 SW 45th STREET  
DAVIE, FLORIDA 33314

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Dec 11<sup>th</sup> day of \_\_\_\_\_, 19 95.

عبدالله محمد علي  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: ALL MODERN AMERICAN TECHNOLOGY, INC.

2. The name and address of the registered agent and office is:

PHILLIP GADELRAH

(NAME)

4701 SW 45th STREET, BLDG. 15, BAY 21

(P.O. BOX NOT ACCEPTABLE)

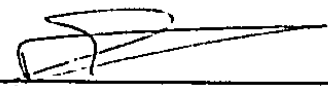
DAVIE, FLORIDA 33314

(CITY/STATE/ZIP)

**FILED**  
DEC 26 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



DATE

12/11/95

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1996 NOV 12 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000000850**

1. Corporation Name

**ALL MODERN AMERICAN TECHNOLOGY, INC.**

Principal Place of Business

4701 SW 45TH STREET  
BLDG 16, BAY 21  
DAVIE FL 33314

Mailing Address

4701 SW 45TH STREET  
BLDG 16, BAY 21  
DAVIE FL 33314

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~4701 SW 45TH ST.~~  
~~BLDG 16, BAY 32~~  
~~DAVIE, FL~~

3. New Mailing Office Address, If Applicable

~~P.O. Box 22813~~  
~~Suite, Apt. #, Etc.~~

City & State

DAVIE, FL

Zip

33314

City & State

Fort Lauderdale, FL

Zip

33335

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

12/28/1995

5. FEI Number

65-064-8530

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee (required  
for a 6 month status certificate)

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/S	ATYAT HELMY	4701 SW 45th St, 16-32	DAVIE, FL 33314

200002008762--1  
-11/19/96--01159--020  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent

GADELRAH, PHILLIP  
4701 SW 45TH STREET  
BLDG 16, BAY 21  
DAVIE FL 33314

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*ATYAT HELMY*

REGISTERED AGENT MUST SIGN

Date 11-4-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *ATYAT HELMY*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/4/96 (954) 614-5963