97 FEB 12 ME 11: 59

TRANSMITTAL LETTER

	TRANSMITTAL LET	12 Million	
Date:	01/30/97	FALLAHASSEE, FLORIDA	
Division PO Box 6	Department of State of Corporations 5327 See FL 32314		
SUBJEC	T:AMLI Inc Corporate Name	60900020子で31 9ーーを -9204/9701164007 +++**70,90 *******の別	
I enclose an original and _one (1) copy(xxxx) of the Articles of Incorporation for the above corporation and a check in the amount of \$ _70.00 for filing fee and for the designation of registered agent.			
Also enclosed is a photocopy of the Articles. Please return this to me with the filling date stamped on it.			
I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.			
Pursuant to Chapter 607.0202(B) Florida Statutes, please be advised that the principal address and the registered office address are the same.			
Signature	6 .	121	
:	Valerie Lapi Name	_ 024	
	6811 NW 32nd AvenueAddress		
	Ft Lauderdale FL 33309 City State Zip	_ _ ·	
	(954)968-8068		
	Telephone Number		



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 5, 1997

VALERIE LAPI 6811 N.W. 32ND AVENUE FT. LAUDERDALE, FL 33309

SUBJECT: AMLI INC.

Ref. Number: W97000002903

We have received your document for AMLI INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

The document must include original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6927.

Kathy Hyman Document Specialist

Letter Number: 697A00006107

OZ/12/97

MS KATHY HYMAN.

PER OUR TELEPHONE
CONVERSATION OF TODAY, HERE
IS THE AMENDED DOCUMENT

THANK YOU for YOUR

HELD.

AMLI OF AMERICA INC

Ly alfred & Gardner,

accountant

ARTICLES OF INCORPORATION OF AMLI OF AMERICA INC ARTICLE I NAME The name of the corporation shall be:_ AMLI OF AMERICA INC ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 6811 NW 32nd Avenue Ft Lauderdale FL 33309 ARTICLE III CAPITAL STOCK The number of shares that this corporation is authorized to have outstanding at any one time is: 1000 ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS The name and address of the initial registered agent is: Valerie Lapi 6811 NW 32nd Avenue Ft Lauderdale FL 33309 ARTICLE VINCORPORATOR The name and street address of the incorporator to these Articles of Incorporation is: Valerie Lapi 6811 NW 32nd Avenue Ft lauderdale FL 33309 The undersigned has executed these Articles of Incorporation this 30th____day of ____January_ (signed)_\ (printed name) Valerie Lapi

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607,0501, 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:AMLI OF AMERICA INC.	97 FEB
2. The name and address of the registered agent and office is: Valerie Lapi6811 NW 32nd AvenueFt Lauderdale FL 33309	12 # 11:59
Signature: <u>Laleui Lapi</u> , <u>Dec</u> . Title: <u>Secretary</u>	
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PITHE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERT HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STA RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AN FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTE Signature: Date:01/30/97	IFICATE, I ACT IN THIS TUTES ID AM