

P98000004095C

From:

PS MAG
2101 NW 33RD ST
SUITE #2300
POMPANOBEECH FL Zip: 33066

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*****70.00 *****70.00

Office Use Only

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

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
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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

FILED
98 MAY -6 PM 12:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 13, 1998

PS MFG
2101 NW 83RD STREET
SUITE 2300
POMPANO BEACH, FL 33069

SUBJECT: AMCAST, INC.
Ref. Number: W98000008170

We have received your document for AMCAST, 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 document must have original signatures.

Please return the original and one copy of 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 (850) 487-6933.

Dana Calloway
Document Specialist

Letter Number: 298A00019548

**AMCAST, INC.
ARTICLES OF INCORPORATION**

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

ARTICLE I - NAME

The name of the corporation is AMCAST, INC.

ARTICLE II - PRINCIPAL OFFICE

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

2101 NW 33RD ST.
Suite #2300
Pompano Beach, FL 33069

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000 shares at \$1.00 each being \$1000.00 in Capital to be distributed at 33 1/3 % to each partner to begin this business.

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Robert G. Morvillo
6104 Eagles Nest Drive
Jupiter, FL 33458

ARTICLE V - INCORPORATOR

The name and street address of the incorporators to these Articles of Incorporation is:

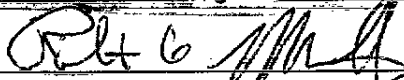
Robert G. Morvillo
6104 Eagles Nest Drive
Jupiter, FL 33458

Humbert J. Russo
3 Franklin Way
North Smithfield, RI 02896

Alberto Meneses
15462 Durnford Dr.
Miami Lakes, FL 33014

The undersigned incorporator has executed these Articles of Incorporation this

24 day of APRIL, 1998


Signature

FILED
98 MAY -6 PM 12:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

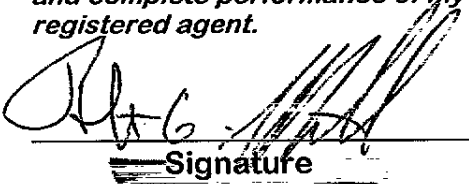
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 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 AMCAST, INC.
2. The name and address of the registered agent and office is:

Robert G. Morvillo
6104 Eagles Nest Drive
Jupiter, FL 33458

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

FILED
98 MAY -6 PM 12:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DIVISION OF CORPORATIONS, PO BOX 6327, TALLAHASSEE, FL