

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

**SUBJECT:** AMCONS, INC.

(Proposed corporate name - must include suffix)

100002712011--1  
-12/14/98--01124--003  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Alain G. Magre  
Name (Printed or typed)

187 Onieda Street

Address

St. Augustine, FL 32084

City, State & Zip

(904)-824-7456

Daytime Telephone number

**EFFECTIVE DATE**  
**12-12-98**

**98 DEC 14 PM 3:16**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**FILED**

**NOTE:** Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION  
OF  
AMCONS, INC.

98 DEC 14 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

The undersigned, acting as the incorporator of a corporation under the Florida Business Corporation Act adopts the following Article of Incorporations for such corporation:

**ARTICLE I NAME**

The name of the corporation is AMCONS, INC..

**ARTICLE II COMMENCEMENT AND DURATION OF CORPORATE EXISTENCE**

Corporate existence shall commence on December 12, 1998, and shall exist perpetually thereafter until dissolved according to law.

EFFECTIVE DATE  
12-12-98

**ARTICLE III CAPITAL STOCK**

This corporation shall have authority to issue one thousand (1,000) shares of capital stock with a par value of \$ 0.10 per share. The Shares of the corporation are not to be divided into classes.

**ARTICLE IV PRINCIPAL OFFICE**

The principal office and mailing address of the corporation is 187 ONIEDA STREET, ST. AUGUSTINE, FL 32084.

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

The street address in Florida of the corporation's initial registered office is 187 ONIEDA STREET, ST. AUGUSTINE, FL 32084 and the initial registered agent at such address is ALAIN G MAGRE.

**ARTICLE VI INCORPORATORS**

The name and address of the incorporator is as follows:

ALAIN G. MAGRE  
187 ONIEDA STREET  
ST. AUGUSTINE, FL 32084

In witness whereof, the undersigned incorporator has executed these Articles of Incorporation at 187 ONIEDA STREET, ST. AUGUSTINE, FL 32084 on the 12th day of December, 1998.

ALAIN G. MAGRE,  
Incorporator



DESIGNATION OF REGISTERED AGENT

In compliance with Section 48.091 and 607.0501, Florida Statutes, the following is submitted:

That AMCONS, INC. desiring to operate under the laws of the State of Florida, with its principal place of business in ST. AUGUSTINE, FLORIDA, has named ALAIN G. MAGRE located at 187 ONIEDA STREET, ST. AUGUSTINE, FL 32084 as its agent to accept service of process within Florida.

AMCONS, INC.

By:

ALAIN G. MAGRE  
Incorporator



Dated: 12-12-98

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, the undersigned hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete performance of my duties. In addition, the undersigned hereby acknowledges that it is familiar with, and accepts, the obligation provided for in Section 607.0505, Florida statutes.

ALAIN G. MAGRE  
Dated: 12-12-98



98DEC 14 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED