

TRANSMITTAL LETTER

P99000106057

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

900003061429--2  
-12/06/99--01082--007  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Amyx-ITPOTL, inc.  
(Proposed corporate name - must include suffix)

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: Daniel A. Amyx  
Name (Printed or typed)

117 S. Clark Ave  
Address

Tampa FL 33609  
City, State & Zip

(813) 832-3800 / 207-0847  
Daytime Telephone number

FILED  
99 DEC -6 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

S. Thompson DEC 0 8 1999

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



## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

Amyx - ITPOTL, mc.

### ARTICLE II PRINCIPAL OFFICE

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

117 S. Clark Avenue  
Tampa, Florida 33609

### ARTICLE III SHARES

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

100 (one Hundred)

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Daniel A. Amyx  
117 S. Clark Ave  
Tampa, FL 33609

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Daniel A. Amyx  
117 S. Clark Ave  
Tampa, FL 33609

  
Signature/Incorporator

12-01-99  
Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

12-01-99  
Date

FILED  
99 DEC -6 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA