

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6381

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**FLORIDA PROFIT/NON PROFIT CORPORATION
AM MCT MANAGEMENT INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: AM MCT Management Inc

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>610 WEST 53RD STREET</u>	<u>610 WEST 53RD STREET</u>
<u>HIALEAH, FL 33012</u>	<u>HIALEAH, FL 33012</u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Management Company

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>ANGEL MAESTRE</u>	<u>P/S/T</u>	Name and Title: _____
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Address <u>610 WEST 53RD STREET</u>	Address: _____
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<u>HIALEAH, FL 33012</u>	_____
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Name and Title: <u>ANGEL O. MAESTRE</u>	<u>VP</u>	Name and Title: _____
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Address <u>610 WEST 53RD STREET</u>	Address: _____
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<u>HIALEAH, FL 33012</u>	_____
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Name and Title: _____	Name and Title: _____
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Address _____	Address: _____
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_____	_____
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2014 JAN -2 PM 4:56
STATE
OFFICE

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: RAYMOND J. ZOMERFELD, CPA
 Address: 355 ALHAMBRA CIRCLE, SUITE 1100
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANGEL MAESTRE
 Address: 610 WEST 53RD STREET
HALEAH, FL 33012

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

✓ [Signature] Required Signature/Registered Agent 12-21-24 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

✓ [Signature] Required Signature/Incorporator 12-21-24 Date