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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA PROFIT/NON PROFIT CORPORATION AMJ ONE CENTER SERVICES CORP

Certificate of Status	0
Certified Copy	1
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Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the

NAME: The name of the com-		
A MAT A ALSE		
ANT ONC CENTER SONVICES COE ARTICLE II PRINCIPAL OF	20	
ARTICLE II PRINCIPAL OFFICE:	-	
The principal street address and many		
207 SW 15 TH PL HomsTern FL 33030		
HOMSTERD FL 32030		
25030		
ARTICLE III SHARES: The number of shares of stock is: 100		
·	<u>-</u>	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
Jorge Luis Jaida Penez (P)		
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	رب ت	
The name and Florida array No.	ω	
The name and Florida street address (PO Box not acceptable) of the registered agent is:		
Jorge Luis Jaida Perez		
207 SW 15+H P/		
Homestead FL 33030		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
Jorge Luis Jaida PEREZ		
204 SW 15th PL		
Homestead FL 33030		

EIN: 33 - 3/60213.

Required Signatures:

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

Registered Agent

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.

1/2 () 1 () 1/2025 incorporator incorporator