

PO8000044137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

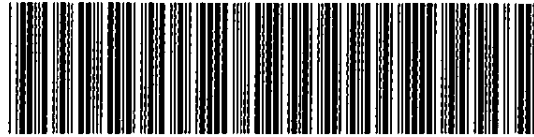
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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05/01/08--01027--009 \*\*87.50

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08 MAY - 1 AM 8:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5/2  
08/24

## Memo

<b>Send To:</b>	Florida Dept. of State	<b>Date:</b> 04/30/2008
<b>From:</b>	<b>Charles G. Alkire</b> 3900 Clark Road, Suite B5 Phone: 1-941-922-2852 Fax: 1-941-929-5724 charles.alkire@verizon.net	<b>Sent Via:</b> First Class Overnight - X Other:
<b>Subject: Incorporation Application For:</b> 1) Alkire Financial Advisory, Inc. 2) alkire images, inc.		

**Good Morning,**

**Enclosed are the applications and checks to establish corporations for Alkire Financial Advisory and alkire images. An additional copy of each is also enclosed.**

**I am working with my attorney to get the corporate seal, books, etc.**

**I am working with my CPA on the "S" factor.**

**If possible, I would like an effective date of May 1, 2008.**

**Please call me at the above number if there are any questions, or if additional information is needed.**

**Thank you,**



**Charles G. Alkire**

**COVER LETTER**

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

**SUBJECT:** alkire images, inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Charles G. Alkire  
Name (Printed or typed)

109 Villa Dr.  
Address

Osprey, FL 34229  
City, State & Zip

(941) 922-2852  
Daytime Telephone number

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

**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:

alkire images, inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

3900 Clark Rd. #B5, Sarasota, FL 34233

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Photography

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Charles G. Alkire, President and Treasurer  
Vicki V. Alkire, Vice President and Secretary

**ARTICLE VI REGISTERED AGENT**

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

Charles G. Alkire  
109 Villa Dr.  
Osprey, FL 34229

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Charles G. Alkire  
109 Villa Dr.  
Osprey, FL 34229

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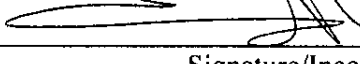
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent Charles G. Alkire

04/29/2008

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator Charles G. Alkire

04/29/2008

\_\_\_\_\_  
Date