

P 13000087263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP    WAIT    MAIL

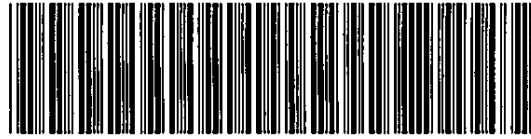
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000252568010

10/23/13--01014--021 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 OCT 23 PM 1:18

*g* 10/24/13

**COVER LETTER**

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

**SUBJECT:** Albany Associates, 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

\$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

**FROM:** Andrew Cohen

Name (Printed or typed)

1501 S. Albany Avenue

Address

Tampa, FL 33606

City, State & Zip

813-220-4600

Daytime Telephone number

acohentpa@aol.com

E-mail address: (to be used for future annual report notification)

13 OCT 23 PM 1:18

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: Albany Associates, Inc.

13 OCT 23 PM 1:18

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1501 S. Albany Avenue

Tampa, FL 33606

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To conduct any and all legal business activities

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Andrew Cohen, President

Name and Title: \_\_\_\_\_

Address 1313 Gray Street

Address: \_\_\_\_\_

Tampa, FL 33606

Name and Title: April Cohen, Sec/Tres

Name and Title: \_\_\_\_\_

Address 1313 Gray Street

Address: \_\_\_\_\_

Tampa, FL 33606

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

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: Andrew Cohen

Address: 1313 Gray Street  
Tampa, FL 33606


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

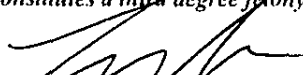
Name: Andrew Cohen

Address: 1501 S. Albany Avenue  
Tampa, FL 33606

*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*

 _____	10/21/2013 _____
Required Signature/Registered Agent	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.*

 _____	10/21/2013 _____
Required Signature/Incorporator	Date

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 13 OCT 23 PM 1:18