

# PH000014757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

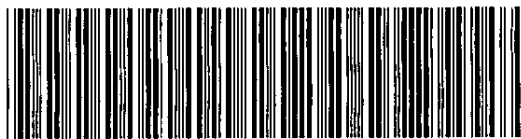
(Business Entity Name)

(Document Number)

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

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02/18/14--01003--006 \*\*70.00

RECEIVED  
CORPORATION DIVISION  
STATE OF FLORIDA  
2014 FEB 18 AM 10:14  
TALLAHASSEE, FLORIDA

APPROVAL  
AND  
FILED  
14 FEB 18 AM 10:42  
CORPORATION DIVISION  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** Albany Rubber & Gasket company, 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:** Albany Rubber & Gasket Co, Inc.

Name (Printed or typed)

4911 Lester Road

Address

Tallahassee, Fl. 32302

City, State & Zip

850-878-8405

Daytime Telephone number

abyrubber@aol.com

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

**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: Albany Rubber & Gasket Company, Inc.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 4911 Lester Road  
Tallahassee, Fl. 32302  
Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Sale of industrial , maintenance and sealing supplies to local industry and end users.

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title: Wilfred H Stover CFO Name and Title: \_\_\_\_\_  
Address: 4911 Lester Rd Address: \_\_\_\_\_  
Tallahassee Fl 32302

Name and Title: Michael S Stover CEO Name and Title: \_\_\_\_\_  
Address: 105 Fawcett Drive Address: \_\_\_\_\_  
Leesburg GA 31763

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

STATE OF FLORIDA  
14 FEB 18 AM 10:42  
APPROVED AND FILED

(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: Wilfred H. Stover  
 Address: 4911 Lester Road  
Tallahassee, Fl. 32302

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael S. Stover  
 Address: 105 Fowler Drive  
Leesburg, Ga. 31763

*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*

Wilfred H. Stover 1-17-14  
 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.*

Michael S Stover 1-18-14  
 Required Signature/Incorporator Date

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 DEPARTMENT OF STATE  
 FLORIDA  
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