

P140000035738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

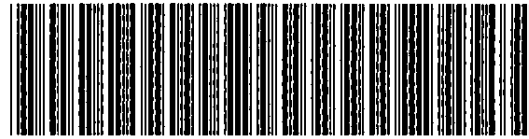
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:  
  
W14-23202

Office Use Only



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04/10/14--01008--006 \*\*87.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2014 APR 21 PM 3:00

UFA

**COVER LETTER**

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

SUBJECT: Alten Construction 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: Robert James Alten  
Name (Printed or typed)

830 Crestwood Ave  
Address

Titusville Fla. 32796  
City, State & Zip

321-576-7551  
Daytime Telephone number

None At This Time  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 11, 2014

ROBERT JAMES ALTON  
830 CRESTWOOD AVE  
TITUSVILLE, FL 32796

SUBJECT: ALTON CONSTRUCTION INC  
Ref. Number: W14000023202

We have received your document for ALTON CONSTRUCTION INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 314A00007866

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: Alton Construction Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

830 Crestwood Ave  
Titusville Fla. 32796  
Alton Construction Inc.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Home Building and  
Renovation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Alton President Name and Title: \_\_\_\_\_

Address 830 Crestwood Ave Address: \_\_\_\_\_  
Titusville Fl. \_\_\_\_\_  
32796 \_\_\_\_\_

Name and Title: Sophie McLane Treasurer Name and Title: \_\_\_\_\_

Address 830 Crestwood Ave Address: \_\_\_\_\_  
Titusville Fl. \_\_\_\_\_  
32796 \_\_\_\_\_

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

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

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DIVISION OF CORPORATIONS  
2014 APR 21 PM 3:00

(cont.)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2014 APR 21 PM 3:00

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: Robert Alton Robert Alton  
 Address: 830 Crestwood Ave  
Titusville Fl. 32796

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robert Alton Robert Alton  
 Address: 830 Crestwood Ave  
Titusville Fl. 32796

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

Robert Alton \_\_\_\_\_ 4/7/14 \_\_\_\_\_  
 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.

Robert Alton \_\_\_\_\_ 4/7/14 \_\_\_\_\_  
 Required Signature/Incorporator Date