

97 SEP -5 PH 3:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT:	Alton & Associates			
	(Proposed co	orporate name - must includ	le suffix)	
			200002205 -09/05/97 ****131.25	5 392 -01040001 ****131.2
Enclosed is an original ar	d one(1) copy of the article	s of incorporation and a	check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	ADDITIONAL COPY REQUIRED	
FROM:	Arthur S. A Name (P	1 ton rinted or typed)		
	15102 15th	Street Address		
	Lutz FL 33549 City, State & Zip			
	(813) 977-5533 Daytime Telephone number			

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

ARTICLES OF INCORPORATION

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The undersigned incorporator, for the purpose of forming a corporation under the Floridge CRETARY OF STATE
Business Corporation Act, hereby adopts the following Articles of Incorporation.

TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Alton & Associates Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

15102 15th Street Lutz FL 33549

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Arthur S. Alton 13706 Wilkes Dr. Tampa FL 33618

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Arthur S. Alton 15102 15th Street Lutz FL 33549

Signature/Incorporator

Data

(An additional article must be added if an effective date is requested.)

llaving been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Mun S. alloy

Date

Signature/Registered Agent