

OFFICE USE ONLY (Document #)

# LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

300003409463--8

-09/29/00--01049--007

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

## CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ALLI, INC.

(Corporation Name)

(Document #)

2. (Corporation Name)

(Document #)

3. (Corporation Name)

(Document #)

4. (Corporation Name)

(Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
00 OCT -3 AM 11:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

100A-52354

RECEIVED  
00 SEP 29 AM 10:43  
DIVISION OF CORPORATION

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

September 29, 2000

LAZARUS

MIAMI, FL

SUBJECT: ALLI, INC.  
Ref. Number: W00000023737

We have received your document for ALLI, INC.. However, the document has not been filed and is being returned for the following:

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

Please return the 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) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 900A00051267

RECEIVED  
OCT -3 AM 10:51  
DIV OF CORPORATION

# ARTICLES OF INCORPORATION

OF

## ALLI, INC.

The undersigned subscriber to these Articles of Incorporation, a natural person, competent to contract, subscribes to and forms a corporation for profit under the laws of the State of Florida.

### ARTICLE I - NAME

The name of the corporation is: **ALLI, INC.**

### ARTICLE II - NATURE OF BUSINESS

The corporation may engage in any activity of business permitted under the laws of the United States and of this State. These activities may include, but are not limited to the operation of the following business:

- a) to engage in the business of sales & service, and all other activities associated with this business, for any person, association or corporation, without restriction in this State and any other state of the United States.
- b) to conduct any and all types of business and operations, to have one or more offices/stores open in this State and any other state of the United States.
- c) to borrow money and contract debt when necessary in the purchase of, or acquisition of real, personal, and intangible property, business right or franchise; or for additional working capital, or for any other object in or about its business or affairs, and without limits to amounts; and to secure the payment of money in any lawful manner.
- d) to exercise all of the powers which are now, or may hereafter be conferred upon corporations generally by the laws of the United States and of this State.

### ARTICLE III - CAPITAL STOCK

The maximum number of shares of common stock that this corporation is authorized to have outstanding at any time is: **FIVE HUNDRED SHARES** each share having the par value of **ONE DOLLAR (\$1.00)**.

FILED  
00 OCT - 3 AM 11:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

#### **ARTICLE IV - INITIAL CAPITAL**

The amount of the initial capital with which this corporation shall begin business is: FIVE HUNDRED DOLLARS (\$500.00).

#### **ARTICLE V - TERM OF EXISTENCE**

This corporation shall have perpetual existence, unless sooner dissolved by law.

#### **ARTICLE VI - INITIAL REGISTERED/PRINCIPAL OFFICE AND AGENT**

The street address of the initial principal and registered office of this corporation is: PO BOX 172301, HIALEAH, FLORIDA 33017-2301, and the name of the initial registered agent of this corporation at this address is

PETER ALLISON.  
3047 N.W. 102 STREET, MIAMI, FL 33147

#### **ARTICLE VII - DIRECTORS**

The corporation shall have ONE (1) DIRECTOR initially whose name and street address is as follows:

<u>NAME</u>	<u>ADDRESS</u>
PETER ALLISON PRESIDENT/SECRETARY/TREASURER	PO BOX 172301 HIALEAH, FLORIDA 33017-2301

#### **ARTICLE VIII - SUBSCRIBERS**

The name and street address of the subscriber to these Articles of Incorporation and the number of shares of the \$5.00 par value common stock of this corporation which he agrees to take is as follows:

<u>NAME</u>	<u>%</u>	<u>ADDRESS</u>
PETER ALLISON PRESIDENT/SECRETARY/TREASURER	100	PO BOX 172301 HIALEAH, FL. 33017-2301

## ARTICLE IX - OFFICERS

The name and street address of the officer of this corporation is as follows:


NAME

ADDRESS

PETER ALLISON  
PRESIDENT/SECRETARY/TREASURER

PO BOX 172301  
HIALEAH, FL. 33017-2301

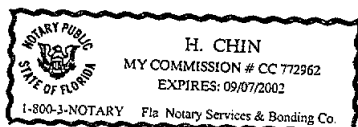
IN WITNESS WHEREOF, I HAVE hereunto set my hand and seal,  
acknowledged and filed the foregoing Articles of Incorporation under the  
laws of the State of Florida this 20<sup>th</sup> day of September, 2000.

 (SEAL)  
PETER ALLISON  
PRESIDENT/SECRETARY/TREASURER

STATE OF FLORIDA           )  
  ) SS  
COUNTY OF BROWARD       )

BEFORE ME, personally appeared PETER ALLISON, known to me to be  
the individual described in, and who executed the foregoing Articles of  
Incorporation and acknowledged before me that he executed the same for the  
purposes therein expressed.

WITNESS MY HAND AND SEAL in the County and State named  
above this 20<sup>th</sup>, day of September, 2000.



  
NOTARY PUBLIC  
State of Florida At Large

## CERTIFICATE OF RESIDENT AGENT

IN PURSUANCE OF CHAPTER 48.91 FLORIDA STATUTES, the following  
is submitted in compliance with said Act.

### FIRST THAT: ALLI, INC.

desiring to organize under the laws of the State of Florida, with its principal  
office as indicated in the Articles of Incorporation at: CITY OF HIALEAH,  
STATE OF FLORIDA, has named: PETER ALLISON, located at  
3047 N.W. 102 STREET, MIAMI, FL 33147 COUNTY OF  
MIAMI DADE, STATE OF FLORIDA, as its resident agent to accept service  
of process within this State.

### ACKNOWLEDGEMENT:

Having been named to accept service of process for the above stated  
corporation at place designated in this certificate, I hereby accept to act in this  
capacity, and agree to comply with the provisions of said Act relative in  
keeping open said office.

BY:   
PETER ALLISON  
RESIDENT AGENT

FILED  
00 OCT -3 AM 11:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

HIALEAH, FLORIDA  
AUGUST, 2000.

---