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

SUBJECT: A	LSTATE CAPITA	L CORP		••• ::::::::::::::::::::::::::::::::::	
0000001.	(Proposed corpora				
		El Statement de la constitución de	00003419 -10/09/000 ******70.00	286—8 1078—016 *****70.00	
Enclosed is 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 ADDITIONAL COI	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	HARRY R. Name (Pr		OO OCT SECRET		
		AMMI DRIVI	TVAN SELIF		
	TAVARES,	12. 3277 State & Zip		_ · · .	
		843-2772 elephone number		,* = T * .	

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

9/6/10

ARTICLES OF INCORPORATION	•	
The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.	TALL	00 0
ARTICLE I NAME		
The name of the corporation shall be:		
ALLSTATE CAPITAL CORP.	E.S.	2 0
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:	<u> </u>	228
28810 TAMM: DRIVE		
TAVARES, FL 32778		
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at	any one time	is:
150 SHAKES (ONE HUNDRED FIFTY)	١.	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS of the initial registered agent are:	RESS	
HARRY R. THOMPSON	-	-
28810 TAMMI DRIVE		
TAVARES, FL. 32778		•
ARTICLE V INCORPORATOR	. ±	
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:	·	
HARRY R. THOMPSON		
28310 TAMMI DRIVE		
TAVAROS), FL. 32778	•	, jame ng gy

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

Having 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

Signatur /Registered Agent