

PO3000028999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

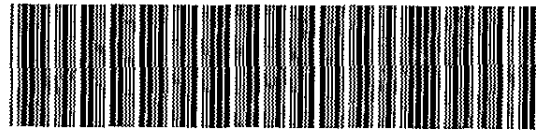
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/14/03--01038--009 **78.00

FILED

03 MAR 12 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NO3-4933



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

February 20, 2003

PAUL M. ALLISON
16258 SW 23RD STREET
MIRAMAR, FL 33027

SUBJECT: ALLISONS' ENTERPRISE, INC.
Ref. Number: W03000004933

We have received your document for ALLISONS' ENTERPRISE, INC. and your check(s) totaling \$78.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name 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) 245-6972.

Doris Brown
Document Specialist
New Filings Section

Letter Number: 403A00011035

From the Desk of

Paul Allison
16258 SW 23RD Street
Miramar FL 33027

March 8, 2003

Ms. Doris Brown
Division of Corporation
Florida Department of State
PO Box 6327
Tallahassee, FL 32314

Dear Ms. Brown:

Enclosed is the document with the required corrections. I have also enclosed the additional payment of \$0.75 which was shorted on the original payment.

If additional assistance is needed, I can be reached at (954) 274-8936.

Thank you for your assistance with this matter.

Sincerely,



Paul Allison

RECEIVED
03 MAR 12 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: AFV, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: PAUL M. ALLISON

Name (Printed or typed)

16258 SW 23RD STREET

Address

MIRAMAR, FL 33027

City, State & Zip

(954) 443-9273

Daytime Telephone number

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:

AFV, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

16258 SW 23RD STREET
MIRAMAR, FL 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful activity or to transact any lawful business for which corporations may be incorporated under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

PAUL M. ALLISON, 16258 SW 23RD STREET, MIRAMAR FL 33027 - PRESIDENT
HERMENA ALLISON, 16258 SW 23RD STREET, MIRAMAR FL 33027 - VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

PAUL M. ALLISON
16258 SW 23RD STREET
MIRAMAR FL 33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GLEN R ROBINSON
11128 NW 38 PLACE
SUNRISE FL 33351

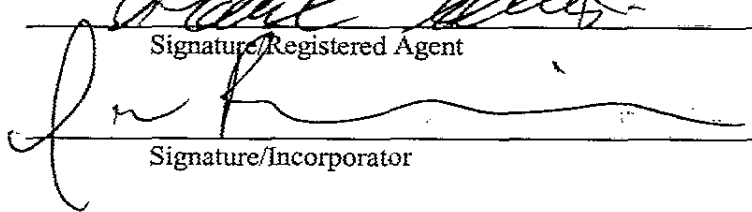
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

03/08/2003

Date



Signature/Incorporator

03/08/2003

Date

FILED
03 MAR 12 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA