

PO3000094116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

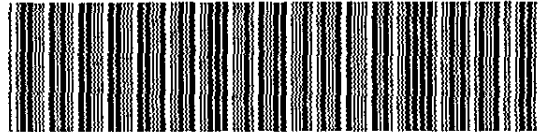
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

mc 9/10

TRANSMITTAL LETTER

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

SUBJECT: ALR Distribution, 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: Angela Johns

Name (Printed or typed)

3640 Bal Harbor Blvd. #225

Address

Punta Gorda, Florida 33950

City, State & Zip

941-637-1641

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:

ALR Distribution, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P O Box 510253
Punta Gorda, Florida 33951

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sell and distribute nuts and fruit products.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Angela Johns / President
3640 Bal Harbor Blvd.
Windjammer Point #225
Punta Gorda, Florida 33950

ARTICLE VI REGISTERED AGENT

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

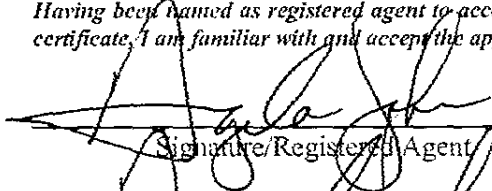
Angela Johns
3640 Bal Harbor Blvd.
Windjammer Point #225
Punta Gorda, Florida 33950C

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Angela Johns
3640 Bal Harbor Blvd.
Windjammer Point #225
Punta Gorda, Florida 33950

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



Signature/Incorporator

FILED

03 SEP -4 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-2-03

Date

9-2-03

Date