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(Requestor's Name)	
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PICK-UP WAIT MAIL	•
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT:	ALDEN TR	ACTOR S	ERVICE	INC		
-	(PF	ROPOSED C	ORPORAT	E NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an	original and or	ne (1) copy	of the artic	les of incorporation and	l a check for:	
□ \$70.0 Filing Fo	e Filing F		ıtus	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	
FROM:	PAME	LA TROY				
👬			Name (Printed or typed)		
1569 SHADOW RIDGE CIR						
		,	A	ddress		
SARASOTA FL 34240						
•			City,	State & Zip		
	941-	378-417	1			
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:

ALDEN TRACTOR SERVICE INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

840 COLEMAN AVE SARASOTA FL 34232

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR THE PURPOSE OF TRANSACTING ANY OR ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is:

1,000 SHARES OF \$1.00 PAR VALUE COMMON STOCK.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

WILLIAM ALDEN 840 COLEMAN AVE SARASOTA FL 34232

ARTICLE VI REGISTERED AGENT

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

WILLIAM ALDEN 840 COLEMAN AVE SARASOTA FL 34232

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

WILLIAM ALDEN 840 COLEMAN AVE SARASOTA FL 34232

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

10-

Doto

-24-0

0-24-03

Signature/Incorporator

SECRETARY OF SORIDITALLAHASSEE, FLORIDI