

P03000148078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

A.H.
12-10-03

TRANSMITTAL LETTER

ATX1

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

SUBJECT: ALVIN WALTERS CONSTRUCTION, 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: ALVIN WALTERS CONSTRUCTION, INC
Name (Printed or typed)

3705 ARGON DR
Address

TAMPA, FL 33617
City, State & Zip

(813) 833-1953
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:

ALVIN WALTERS CONSTRUCTION, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3705 ARGON DRIVE

TAMPA, FL 33617

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ALVIN WALTERS, PRESIDENT

3705 ARGON DR

TAMPA, FL 33617

ARTICLE VI REGISTERED AGENT

The NAME AND FLORIDA STREET ADDRESS of the registered agent is:

ALVIN WALTERS

3705 ARGON DR

TAMPA, FL 33617

ARTICLE VII INCORPORATOR

The NAME AND ADDRESS of the Incorporator is:

ALVIN WALTERS

3705 ARGON DR

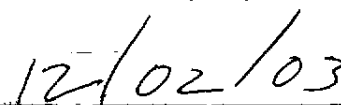
TAMPA, FL 33617

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 TALLAHASSEE FLORIDA

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



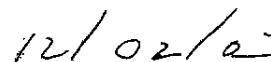
Signature/Registered Agent



Date



Signature/Incorporator



Date