P04000068044

(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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4.4.26

TRANSMITTAL LETTER

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

SUBJECT: ALEX LAWLESS 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: ALEX LAWLESS
Name (Printed or typed)

202 Arlington AVE, W.
Address

Oldsmar FL, 34677
City, State & Zip

1-727-224-5380
Daytime Telephone number

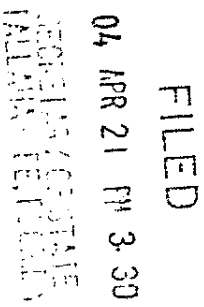
NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

OF

ALEX LAWLESS, INC.

THE UNDERSIGNED INCORPORATORS, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT IN COMPLIANCE WITH CHAPTER 607 AND/OR CHAPTER 621, FS,HEREBY ADOPTS THE FOLLOWING ARTICLESOF INCORPORATION.



ARTICLES I. NAME

THE NAME OF THE CORPORATION SHALL BE:

ALEX LAWLESS, INC.

ARTICLES II PRINCIPLE OFFICE

THE PRINCIPLE PLACE OF BUSINESS OF THIS CORPORATION SHALL BE:

202 ARLINGTON AVE, W.
OLDSMAR, FL. 34677

ARTICLES III PURPOSE

THE PURPOSE OF THIS CORPORATION IS TO ENGAGE IN TRANSACT ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STAE OF FLORIDA, OR ANY OTHER STAE, COUNTRY, TERRITORY OR NATION.

ARTICLE IV CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARE OF STOCK AND ITS PAR VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100 SHARES AT $1.00 PAR VALUE PER COMMON STOCK

ARTICLE V TERM OF EXISTENCE

THE CORPARATION IS TO EXIST PERPETUALLY.

ARTICLE VI OFFICERS, DIRECTORS

THE NAMES AND THE STREET ADDRESSES OF THE INITIAL OFFICERS AND DIRECTORS, IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESSORSARE ELECTED ARE:

ALEX LAWLESS– DIRECTOR/PRESIDENT
202 ARLINGTON AVE, W.
OLDSMAR, FL. 34677

ARTICLE VIII BYLAWS

THE POWER TO ADOPT, ALTER, AMEND OR REPEAL BYLAWS SHALL BE VESTED IN THE BOARD OF DIRECTORS AND THE SHAREHOLDERS, BUT THE BOARD OF DIRECTORS MAY NOT ALTER, AMEND OR REPEAL ANY BYLAWS ADOPTED BY THE SHAREHOLDERS IF THE SHAREHOLDERS PROVIDED THAT THE BYLAWS SHALL NOT BE ALTERED, AMENDED OR REPEALED BY THE BOARD OF DIRECTORS.

ARTICLE VIII AMENDMENT

THESE ARTICLES OF INCORPORATION MAY BE AMEND IN THE MANNER PROVIDED BY LAW. EVERY AMENDMENT SHALL BE APPROVED BY THR BOARD OF DIRECTORS, PROPOSEDBY THEM TO THE STOCKHOLDERSAND APPROVED AT A STOCKHOLDERS' MEETING BY AT LEAST A MAJORITY OF THE STOCKHOLDERS SIGN A WRITTEN STATEMENT MANIFESTING THEIR INTENTION THAT A CERTAIN AMENDMENT OGF THESE ARTICLESOF INCORPORATION BE MADE.

ARTICLE IX INCORPORATORS

THE NAME AND STREET ADDRESS OF THE PERSONSSIGNING THESE ARTICLES OF INCORPORATION AS THE INCORPATORS ARE:

ALEX LAWLESS
202 ARLINGTON AVE, W.
OLDSMAR, FL. 34677

CERTIFICATION DESIGNATING REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.325 Florida Statues, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. **The name of the corporation is: ALEX LAWLESS, INC.**

2. **The name and the address of the registered agent and office is:**

ALEX LAWLESS
202 ARLINGTON AVE, W.
OLDSMAR, FL. 34677

TAMMY MALLONEE
MY COMMISSION # DD 294149
EXPIRES: February 25, 2008
Bonded Thru Notary Public Underwriters

SIGNATURE________________________
(CORPORATE OFFICER)

On this day 4/14/04 signed before me & presented FL DL L420-001-70-... exp 6-29-08
Tammy Mallonee 4/14

TITLE DIRECTORS / PRESIDENT / REGISTERED AGENT

DATE 4/15/04

HAVING BEEN NAMED TO ACCEPT SERVICES OF PROGRESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THEPROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE________________________
(REGISTERED AGENT)

DATE________________________

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04 APR 21 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA