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(City/State/Zip/Phone #)

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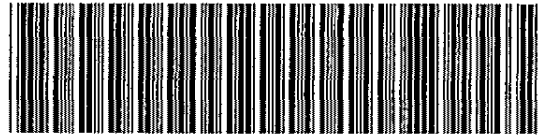
(Business Entity Name)

(Document Number)

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2004 NOV -9 P 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/10/04

TRANSMITTAL LETTER

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

SUBJECT: A & L Ventures, 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: Lewis Roberts
Name (Printed or typed)
1803 Park Center Dr. # 101
Address
Orlando, FL 32835
City, State & Zip
407-578-7533
Daytime Telephone number

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

Articles of Incorporation

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: A & L Ventures,

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
1803 Park Center Drive
Suite 101
Orlando, Florida 32835

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to conduct any and all legal business enterprises.

ARTICLE IV SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 shares.


ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:
Lewis Roberts
1803 Park Center Drive
Suite 101
Orlando, Florida 32835

ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:
Lewis Roberts
1803 Park Center Drive
Suite 101
Orlando, Florida 32835

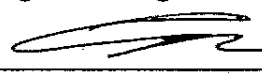
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent



Date



Signature/Incorporator



Date

FILED
NOV - 9 P 1:3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA