P050000415559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
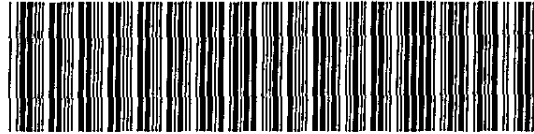
(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

TRANSMITTAL LETTER

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

SUBJECT: ___ALTA CAPITAL MANAGEMENT, 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: ___THOMAS C. BEDDOWS___
Name (Printed or typed)

___PO BOX 2024___
Address

___Hobe Sound, FL. 33475___
City, State & Zip

___772 546 4411___
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: *ALTA CAPITAL MANAGEMENT, INC.*

ARTICLE II   PRINCIPAL OFFICE

MAIL:

The principal place of business/mailing address is: *PO BOX 2024*
6347 S.E. Ames Way   *HOBE SOUND, FL. 33475*
Hobe Sound, FL 33455

ARTICLE III   PURPOSE

The purpose for which the corporation is organized is:

General Business

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):

THOMAS. C. BEDDOWS PRES
"   "   "   DIRECTOR

ARTICLE VI   REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

THOMAS C. BEDDOWS
6347 S.E. Ames Way
Hobe Sound, FL 33455

ARTICLE VII   INCORPORATOR

The **name and address** of the Incorporator is:

THOMAS C BEDDOWS
PO BOX 2024
Hobe Sound FL 33475

****

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

_____	*3-08-05*
Signature/Registered Agent	Date
_____	*3-08-05*
Signature/Incorporator	Date

EFFECTIVE DATE OK