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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257 Phone : (850)224-8870 Fax Number : (850)224-7047

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FLORIDA PROFIT CORPORATION OR P.A.

ALLIED ENTERPRISES & SYSTEMS INC.

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ARTICLES OF INCORPORATION **OF**

ALLIED ENTERPRISES & SYSTEMS INC.

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 is ALLIED ENTERPRISES & SYSTEMS INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business is and mailing address of the corporation is 5215 Myrtle Drive, Ft. Pierce, FL 34982.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of (\$1.00) per share. Talbot M. Smith owns 100% of the shares.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Michael Spotts, 300 Colorado Ave., Suite 203, Stuart, FL 34994.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: OFFICERS AND DIRECTORS

The name and address of the initial Board of directors is Talbot M. Smith, 5215 Myrtle Dr., Ft. Pierce, FL 34982.

ARTICLE VII: INDEMNIFICATION

The Corporation shall indemnify and may insure its officers and directors to the fullest extent permitted by law currently in effect or hereinafter enacted.

The undersigned has executed these Articles of Incorporation this 27th day of June 2005. Your Capital Connection, Inc., by Stacey Piland, Client Representative

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Floride Statutes, the mentioned 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:	fures Ent	ERTRISES	9-		
SYSTEMS INC.		·	· P		-11
	. ,		Ngarra Tuna Ma Ma Ma	2 2	产
2. The name and street address of the re	egisterod agent and	office is: M	1CH # #1.	POCIS,	7
300 COLO TENDO I	Ave Suite	207 5	TU . 125	FL	, }
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HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

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