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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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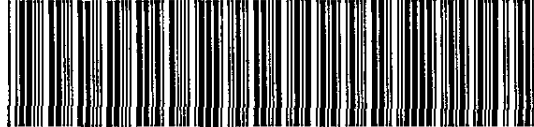
(Business Entity Name)

(Document Number)

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05 JUL 14 PM 9:04
STOCK MARKET
VISION

JUL 18 2005

TRANSMITTAL LETTER

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

SUBJECT: Allegro Wholesale and Distributors 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: Tracy Videll
Name (Printed or typed)

21011 Johnson St #122
Address

Pembroke Pines FL 33029
City, State & Zip

954-447-0099
Daytime Telephone number

05 JUL 14 AM 9:06
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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:

ALLE GRO WHOLESALE AND DISTRIBUTORS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

21011 Johnson St
Unit 122
Pembroke Pines Fl 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WHOLESALE

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):

Tracy Violette
21011 Johnson St
Unit 122
Pembroke Pines Fl 33029

ARTICLE VI REGISTERED AGENT

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

Tracy Violette
21011 Johnson
#122
Pembroke Pines Fl 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tracy Violette
21011 Johnson
Pembroke Pines Fl 33029

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

7/18/05

Signature/Incorporator

Date

7/12/05

05 JUL 16 AM 9:06
SECRETARY OF STATE
VISION OF FLORIDA