

705000699735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

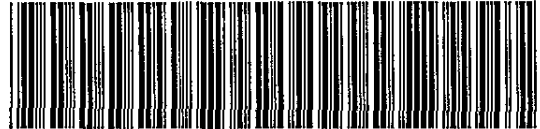
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05 JUL 14 AM 9:02  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
AND BUSINESSES

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

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

**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:

ALLEGRO Wholesale and Distributors Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing 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

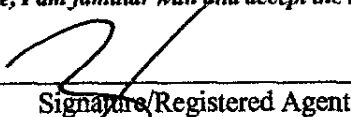
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Tracy Violette  
21011 Johnson  
Pembroke Pines Fl 33029

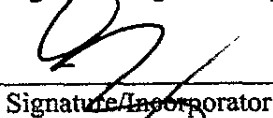
05 JUL 11 AM 9:09  
SECRETARY OF STATE  
VISION OF FLORIDA 2011

\*\*\*\*\*  
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

7/12/05

Date

  
Signature/Incorporator

7/12/05

Date