

PO6000011208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

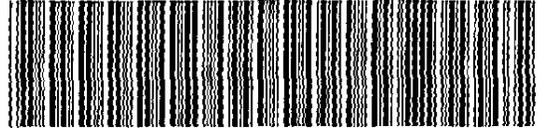
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1/20/06
2011

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32315

SUBJECT: VERNON E. ALLEN, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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
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FROM: **VERNON E. ALLEN**
Name (Printed or typed)
18661 Persimmon Ridge
Address
Alva, FL 33920
City, State & Zip
239-340-9063
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 **VERNON E. ALLEN, INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

**18661 PERSIMMON RIDGE
ALVA, FL 33920**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Engaging in the transaction of any and all business activities permitted under the laws of Florida and the United States of America.

ARTICLE IV SHARES

The number of shares of stock is:

One Hundred (500) valued at \$1.00 per share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address:

**VERNON E. ALLEN
18661 PERSIMMON RIDGE
ALVA, FL 33920**

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

**VERNON E. ALLEN
18661 PERSIMMON RIDGE
ALVA, FL 33920**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

**VERNON E. ALLEN
18661 PERSIMMON RIDGE
ALVA, FL 33920**

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]* _____ ✓ 1-16-06

Signature/Registered Agent

Date

✓ *[Signature]* _____ ✓ 1-16-06

Signature/Incorporator

Date

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06 JAN 20 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA