

P06000017785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

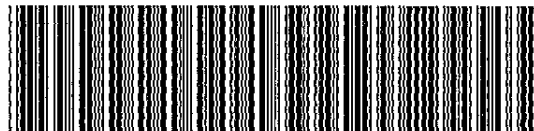
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2-8-06  
1287

TRANSMITTAL LETTER

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

SUBJECT: ALLISON R. LEBLANC 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: ALLISON R. LEBLANC  
Name (Printed or typed)

2365 GREENGATE CIRCLE APT 6  
Address

W. PALM BEACH, FL 33415  
City, State & Zip

561-352-7283  
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:

ALLISON R. LEBLANC INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2365 GREENGATE CIRCLE APT 6  
W. PALM BEACH, FL 33415

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR PROFIT

## ARTICLE IV SHARES

The number of shares of stock is:

20

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

LEBLANC, ALLISON R. PRES.  
2365 GREENGATE CIRCLE APT 6  
W. PALM BEACH, FL. 33415

## ARTICLE VI REGISTERED AGENT

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

LEBLANC, ALLISON R.  
2365 GREENGATE CIRCLE APT 6  
W. PALM BEACH, FL 33415

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LEBLANC, ALLISON R.  
2365 GREENGATE CIRCLE APT 6  
W. PALM BEACH, FL 33415

\*\*\*\*\*  
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

\_\_\_\_\_  
Signature/Incorporator

2/1/06  
\_\_\_\_\_  
Date

2/1/06  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA