P06000074667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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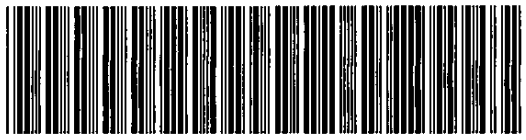

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05/26/06--01018--003 **78.75

FILED
06 MAY 26 AM 11:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

# COVER LETTER

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

**SUBJECT:** ALLIED PIVOT SALES, 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: MIKE D. CORWIN
Name (Printed or typed)

P.O. BOX 1084
Address

OKEECHOBEE, FL 34973-1084
City, State & Zip

863-634-7718
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)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

***ARTICLE I NAME***

The name of the corporation shall be:

ALLIED PIVOT SALES, INC.

***ARTICLE II PRINCIPAL OFFICE***

The principal place of business/mailing address is:

P.O. BOX 1084 OKEECHOBEE, FL 34973-1084

***ARTICLE III PURPOSE***

The purpose for which the corporation is organized is:

TO ENGAGE IN ANY ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA.

***ARTICLE IV SHARES***

The number of shares of stock is:

500

***ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS***

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

MIKE D. CORWIN, 2912 N.W. 35TH DRIVE, OKEECHOBEE, FL. 34972, DIRECTOR
DENNIS BRYAN, 1530 N.W. 25TH DRIVE, OKEECHOBEE, FL. 34972, PRESIDENT
BILLY PAUL GOGGANS, 6868 N.E. 1ST STREET, OKEECHOBEE, FL. 34974, TREASURER

***ARTICLE VI REGISTERED AGENT***

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

MIKE D. CORWIN, 2912 N.W. 35TH DRIVE, OKEECHOBEE, FL 34972

***ARTICLE VII INCORPORATOR***

The **name and address** of the Incorporator is:

JACKIE S. BARNES, 7525 N.E. 4TH STREET, OKEECHOBEE, FL 34974

**********

***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 MIKE D CORWIN — Date 5/24/06

Signature/Incorporator JACKIE S. BARNES — Date 5/24/06