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06 JUN 23 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

06 JUN 23 PM 3:33

DEPT. CLERK OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: ALPHA AKELLO GROUP SERVICE COMPANY

(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: L. LAVOND HARRIS

Name (Printed or typed)

PO BOX 22145

Address

TAMPA, FL 33622

City, State & Zip

352-563-0600

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

FILED

06 JUN 23 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

ALPHA AKELLO GROUP SERVICE COMPANY

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO BOX 22145
TAMPA, FL 33622

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL BUSINESS ACTIVITY

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

L. LAVOND HARRIS P.S.T.
PO BOX 22145
TAMPA, FL 33622

ARTICLE VI REGISTERED AGENT

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

L. LAVOND HARRIS
2221 GORDON STREET
TAMPA, FL 33605

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

L. LAVOND HARRIS
2221 GORDON STREET
TAMPA, FL 33605

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

Date

Date