



**COVER LETTER**

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

**SUBJECT: ALL NATIONS REALTY SERVICES, 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: MARY A HARRISON  
Name (Printed or typed)

PO BOX 672  
Address

LAKE HAMILTON FL 33851-0672  
City, State & Zip

407-616-1942  
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)

FILED  
06 OCT 23 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

ALL NATIONS REALTY SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

PRINCIPAL PLACE OF BUSINESS: MAILING ADDRESS:  
605 JONES AVE SUITE 10 PO BOX 672  
HAINES CITY FL 33844 LAKE HAMILTON FL 33851-0672

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

MAINTAIN A BROKERAGE REAL ESTATE OFFICE.

**ARTICLE IV SHARES**

The number of shares of stock is:

5,000 SHARES OF \$1.00 PAR VALUE STOCK.

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

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

MARY A HARRISON, PRESIDENT  
PO BOX 672  
LAKE HAMILTON FL 33851-0672

**ARTICLE VI REGISTERED AGENT**

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

MARY A HARRISON  
605 JONES AVE SUITE 10  
HAINES CITY FL 33844

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MARY A HARRISON  
PO BOX 672  
LAKE HAMILTON FL 33851-0672

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*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*

✓ M Harrison  
Signature/Registered Agent

10/20/06  
Date

✓ M Harrison  
Signature/Incorporator

10/20/06  
Date