

P070000010233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

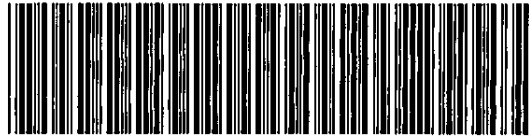
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

COVER LETTER

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

SUBJECT: ALLSTATE ELECTRICAL CONSTRUCTION, 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: MICHAEL ANDRASSI
Name (Printed or typed)

6856 MARTIN RD.
Address

MILTON, FLA. 32570
City, State & Zip

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:

ALLSTATE ELECTRICAL CONSTR, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6856 MARTIN RD.
MILTON, FLA 32570

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ELECTRICAL CONTRACTING
LIGHTNING PROTECTION SYSTEMS

ARTICLE IV SHARES

The number of shares of stock is:

100.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MICHAEL ANDRASSI 6856 MARTIN RD.
MILTON, FLA 32570

ARTICLE VI REGISTERED AGENT

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

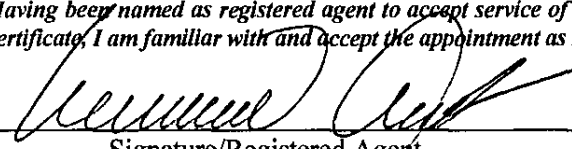
MICHAEL ANDRASSI
6856 MARTIN RD.
MILTON, FLA 32570

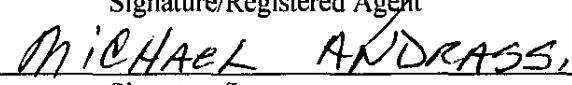
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL ANDRASSI
6856 MARTIN RD.
MILTON, FLA 32570

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Date


Date