

P070880013460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

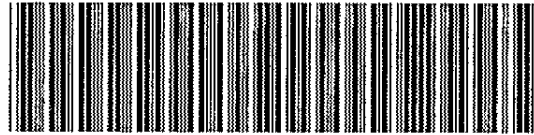
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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1-30-07

2007 JAN 29 PM 3:54

FILED

1-30-07  
2007

January 15, 2007

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

Re: All Together Realty & Investments, Inc


Gentlemen:

Enclosed are the original and one copy of the Articles of Incorporation, with my check for \$70.00.

The represents the cost of Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Please reply to Central State Accounting and Tax Service at the address below.

Very truly yours,

---

Paul R. Gibson  
Central State Accounting & Tax Service, Inc.  
P. O. Box 5070  
Ocala, Florida 34478

Tel: 352-237-9552  
Fax: 352-237-4619

ARTICLES OF INCORPORATION  
OF  
ALL TOGETHER REALTY & INVESTMENTS, INC.

The undersigned, acting as Incorporator of a corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation for such corporation:

ARTICLE I

The name of the corporation shall be: ALL TOGETHER REALTY & INVESTMENTS, INC.

ARTICLE II

The duration of this corporation is to be perpetual.

ARTICLE III

The corporation may engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV

The corporation shall have the authority to issue 10,000 shares of stock, all of one class, \$.10 par value.

ARTICLE V

The address of the initial registered office is 3395 S. W. 74<sup>th</sup> Ave, Unit A-2, Ocala, Florida 34474. The name of the corporation's registered agent at such address is Paul R. Gibson.

ARTICLE VI

The number of directors constituting the Board of Directors shall be fixed as provided by the bylaws, but shall not be fixed at less than one.

ARTICLE VII

The number of directors constituting the initial Board of Directors is one, whose name and address is:

Paul R. Gibson  
3395 S. W. 74<sup>th</sup> Ave., Unit A-2  
Ocala, Florida 34474

ARTICLE VIII

The name and address of the Incorporator is Paul R. Gibson 3395 S.W. 74<sup>th</sup> Ave., Unit A-2, Ocala Florida 34474.

ARTICLE IX

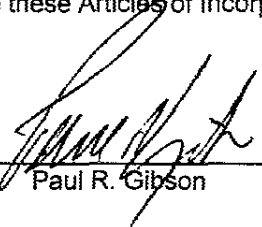
This corporation shall indemnify and may insure its officers and directors to the fullest extent permitted by law.

FILED  
2017 JAN 29 P 3:54  
CLERK OF CIRCUIT COURT  
FLORIDA  
JAN 29 2017

ARTICLE X

These Articles of Incorporation may be amended in the manner authorized by law at the time of amendment.

IN WITNESS WHEREOF, I Paul R. Gibson being the Incorporator of this corporation, make and file these Articles of Incorporation this 15 day of January 2007.

  
\_\_\_\_\_  
Paul R. Gibson

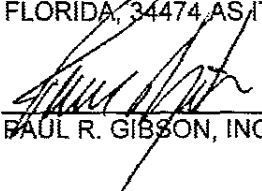
CERTIFICATE DESIGNATING PLACE OF BUSINESS OF DOMICILE FOR THE SERVICE OF  
PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED:

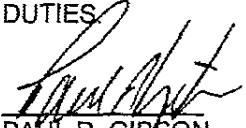
FIRST THAT COMPANY NAME HERE CORPORATION DESIRING TO ORGANIZE OR  
QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF  
BUSINESS AT:

3395 S. W. 74<sup>th</sup> Ave., Unit A2  
OCALA, FLORIDA 34474

HAS NAMED PAUL R. GIBSON, LOCATED AT 3395 S.W. 74<sup>TH</sup> AVE., UNIT A-2, And OCALA,  
FLORIDA, 34474 AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

  
PAUL R. GIBSON, INCORPORATOR

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED  
CORPORATION, AT THE PLACE DESIGNATED IN THE CERTIFICATE, I HEREBY AGREE TO  
ACT IN THIS CAPACITY, AND FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF  
ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY  
DUTIES

  
PAUL R. GIBSON  
Registered Agent


FILED  
JAN 29 P 3:55  
CLERK OF DISTRICT COURT  
JAN 29 2007

STATE OF FLORIDA )

)SS:

COUNTY OF MARION )

The foregoing instrument was acknowledged before me this 9th day of January 2007 by  
Paul R. Gibson on behalf of the corporation. He is personally known to me or  
has produced known as identification and did take an oath.

  
NOTARY PUBLIC  
STATE OF FLORIDA



My Commission Expires: