

P070000015611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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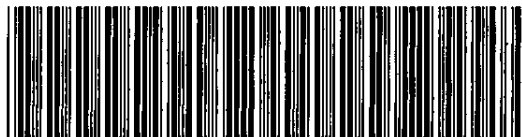
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Hampton FEB 05 2007

COVER LETTER

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

SUBJECT: Gail A. Allen, 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: Beryl N. Stokes, III
Name (Printed or typed)

1318 Bowman Street
Address

Clermont, FL 34711
City, State & Zip

352-243-5700
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:

Gail A. Allen, Inc.

ARTICLE II **PRINCIPAL OFFICE**

The principal place of business/mailling address is:

12480 Hull Road
Clermont, FL 34711

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business to include pre-paid legal service.

ARTICLE IV **SHARES**

The number of shares of stock is:

1000

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

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

Gail A. Allen, President
12480 Hull Road
Clermont, FL 34711

ARTICLE VI **REGISTERED AGENT**

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


Beryl N. Stokes, III
1318 Bowman Street
Clermont, FL 34711


ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

Beryl N. Stokes, III
1318 Bowman Street
Clermont, FL 34711

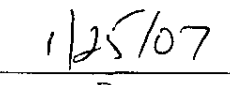
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

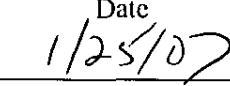


Signature/Registered Agent


Signature/Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date


Date