

707000025636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECURITY STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 27 2007

COVER LETTER

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

SUBJECT: ALL AREA SOLUTIONS, 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: WILLIAM D POTTER
Name (Printed or typed)

1820 N 57th Street
Address

Tampa Florida 33619
City, State & Zip

813-247-7663
Daytime Telephone number

SECRET
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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:

ALL AREA SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1820 North 57th Street
Tampa, Florida 33619

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Purchase, sell and install telephone equipment

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):

William D Potter

ARTICLE VI REGISTERED AGENT

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

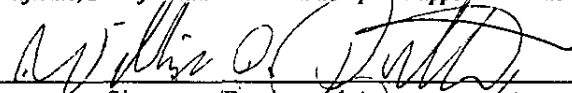
William D Potter
2308 Darlene Drive
Seffner Florida 33584

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

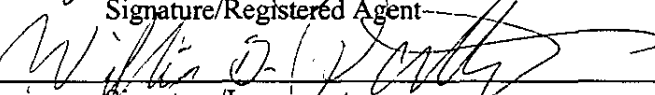
William D Potter
2308 Darlene Drive
Seffner Florida 33584

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

2/21/07
Date



Signature/Incorporator

2/21/07
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA