

PO7000080497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

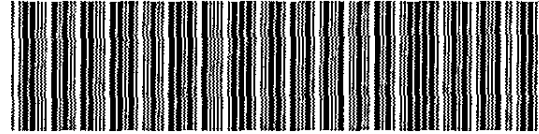
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 JUL 13 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: ALL THE RITE MOVES 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: THOMAS K. GLOVER
Name (Printed or typed)

7962 49th AVE NORTH
Address

ST PETERSBURG FL 33709
City, State & Zip

727-512-4191
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)

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ARTICLE I NAME

The name of the corporation shall be:

ALL THE RITE MOVES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7962 49th AVE NORTH
ST. PETERS BURG FL 33709

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MOVING COMPANY

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):

THOMAS K. GLOVER, PRESIDENT
7962 49th AVE NORTH
ST. PETERS BURG FL 33709

ARTICLE VI REGISTERED AGENT

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

THOMAS K. GLOVER
7962 49th AVE NORTH
ST. PETERS BURG FL 33709

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

THOMAS K. GLOVER
7962 49th AVE NORTH
ST PETERSBURG FL 33709

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

x Thomas Glover
Signature/Registered Agent

7-10-07
Date

x Thomas Glover
Signature/Incorporator

7-10-07
Date