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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

KS

8/7/07

COVER LETTER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Albershardt & Associates, 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: Susan Albershardt
Name (Printed or typed)

333 Pineview St.
Address

Altamonte Springs, FL 32701
City, State & Zip

407-339-1730
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:

Albershardt & Associates, Inc.

ARTICLE II – PRINCIPAL OFFICE

The principal place of business and mailing address is:

333 Pineview St.
Altamonte Springs, FL 32701
United States

ARTICLE III – PURPOSE

The purpose for which the corporation is organized is:

Business consulting

ARTICLE IV – SHARES

The number of shares of stock is:

One hundred (100)

ARTICLE V – INITIAL OFFICERS AND/OR DIRECTORS

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

Susan Albershardt – President
333 Pineview St.
Altamonte Springs, FL 32701

ARTICLE VI – REGISTERED AGENT

The name and Florida street address of the registered agent is:

Susan Albershardt – President
333 Pineview St.
Altamonte Springs, FL 32701

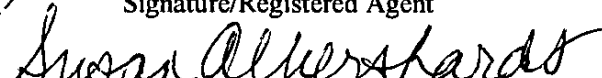
ARTICLE VII – INCORPORATOR

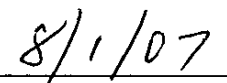
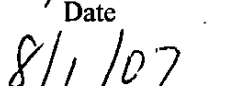
The name and address of the Incorporator is:

Susan Albershardt – President
333 Pineview St.
Altamonte Springs, FL 32701

.....
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


Date

Date

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TALLAHASSEE, FLORIDA