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(((H07000302728 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name

: YOUR CAPITAL CONNECTION, INC.

Account Number: I20000000257 Phone

: (850)224-8870

Fax Number

: (850)224-7047

FLORIDA PROFIT/NON PROFIT CORPORATION

ALLKIN, INC.

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Corporate Filing Menu

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12/19/2007

H07000302728 3

ARTICLES OF INCORPORATION OF

2001 DEC 19 AM 10: 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ALLKIN, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is ALLKIN, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business of the corporation is 20191 East Country Club Dr, #2004, Aventura, FL 33180.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is two (2) shares having a par value of (\$1.00) per share.

H07000302728 3

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Jarred Small, 20191 East Country Club Dr, #2004, Aventura, FL 33180.

ARTICLE V: OFFICERS AND DIRECTORS

The name and address of the initial Officer and Director of this Corporation are:

Jarred Small, Director, 20191 East Country Club Dr., #2004, Aventura, FL 33180

John Zalkin, Director, 20191 East Country Club Dr., #2004, Aventura, FL 33180

ARTICLE VI: SPECIAL PROVISIONS

It is the intent of the incorporator and directors that the corporation qualify under Section 1244 of the Internal Revenue Code and that the corporation file as a Sub S Corporation. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

ARTICLE VII: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

The undersigned has executed these Articles of Incorporation this 19th day of December 2007. Your Capital Connection, Inc. by Weimar Lopez, Client Representative

H07000302728 3

H07000302728 3

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:	_
	_
2. The name and street address of the registered agent and office is:	·
Jawed Swall	— — .
	4007
Aventura, FL 33/80	

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

2001 DEC 19 AM 10: 19

SECRET RRY OF STATE
ALLAH SSEE, FLORIDA