P08000026807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☒ WAIT ☐ MAIL

(Business Entity Name)

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08 MAR 13 AM 11:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 MAR 13 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: ALLison's Resale Shop, 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: Nancy Elgin
Name (Printed or typed)

2965 Shamrock North, Unit B-7
Address

Tallahassee, Florida 32309
City, State & Zip

(850) 321-9162
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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Allison's Resale Shop, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2965 Shamrock North, Unit B-7
Tallahassee, FL 32309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

retail sales of used furniture and household items

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):

president: Nancy Elgin
2965 Shamrock North, Unit B-7
Tallahassee, FL 32309

ARTICLE VI REGISTERED AGENT

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

Nancy Elgin
2965 Shamrock North, Unit B-7
Tallahassee, FL 32309

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Nancy Elgin
2965 Shamrock North, Unit B-7
Tallahassee, FL 32309

****

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 — Date: 3-11-08

Signature/Incorporator — Date: 3-11-08

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA