

P08000026807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

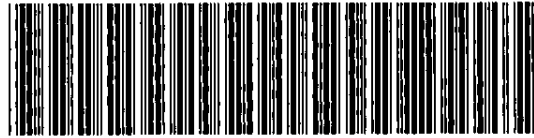
(Document Number)

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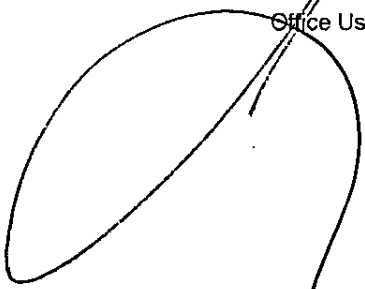


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03/13/08--01007--020 **87.50

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

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

 3/13-

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)

ARTICLE I NAME

The name of the corporation shall be:

Allison's Resale Shop, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 13 AM 11:10

FILED

ARTICLE VI REGISTERED AGENT

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

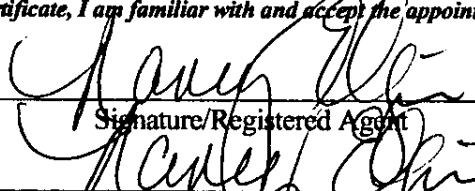
Nancy Elgin
2965 Shamrock North, Unit B-7
Tallahassee, FL 32309

ARTICLE VII INCORPORATOR

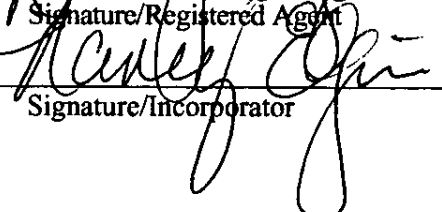
The **name and address** of the Incorporator is:

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



Signature/Incorporator

3-11-08
Date

3-11-08
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA