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COVER LETTER

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

SUBJECT: Allen Ko	non, Inc. (PROPOSED CORPOR	ATE NAME – <u>MUST INC</u> I	LUDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	l a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Alle	en Konon Nam	e (Printed or typed)	
	3248 Morrison Way	Address	
	Spring Hill, FL 34606	y, State & Zip	
	352-637-5800	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:

Allen Konon, Inc.

ARTICLE II PRINCIPAL OFFICE

The principle street address and mailing address, if different is:

3248 Morrison Way Spring Hill, FL 34606

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Installation and repairs of all garage doors and garage door openers.

ARTICLE IV _ SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Allen Konon 3248 Morrison Way Spring Hill, FL 34606 President/Secretary/Treasurer/Director

ARTICLE VI REGISTERED AGENT

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

Allen Konon 3248 Morrison Way Spring Hill, FL 34606

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Allen Konon 3248 Morrison Way Spring Hill, FL 34606

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in thi
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agen

Signature/Incorporator

4/08/08 Date

Date