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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

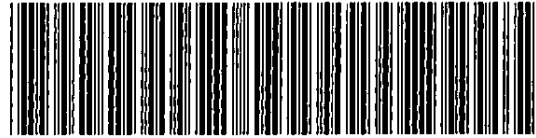
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
08 MAY - 1 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/2/08

COVER LETTER

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

SUBJECT: Alkire Financial Advisory, 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: Charles G. Alkire

Name (Printed or typed)

109 Villa Dr.

Address

Osprey, FL 34229

City, State & Zip

(941) 922-2852

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:

Alkire Financial Advisory, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3900 Clark Rd. #B5, Sarasota, FL 34233

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Financial Planning Services

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Charles G. Alkire, President and Treasurer

Vicki V. Alkire, Vice President and Secretary

ARTICLE VI REGISTERED AGENT

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

Charles G. Alkire

109 Villa Dr.

Osprey, FL 34229

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Charles G. Alkire

109 Villa Dr.

Osprey, FL 34229

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 *Charles G. Alkire*

04/29/2008

Date

Signature/Incorporator *Charles G. Alkire*

04/29/2008

Date

FILED
08 MAY - 1 AM 3:00
TALMADGE, FLORIDA
SECRETARY OF STATE