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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. McKnight SEP 22 2008

## COVER LETTER

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

**SUBJECT:** Alpha Appraisal Group, 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 A. Johns

Name (Printed or typed)

940 Douglas Ave # 139

Address

Altamonte Springs, FL 32714

City, State & Zip

407-687-1910

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:

Alpha Appraisal Group, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

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

940 Douglas Ave # 139  
Altamonte Springs, FL 32714

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide residential real estate appraisals.

### **ARTICLE IV SHARES**

The number of shares of stock is:

5,000 shares

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Nancy A. Johns  
940 Douglas Ave # 139  
Altamonte Springs, FL 32714  
Owner/Appraiser

### **ARTICLE VI REGISTERED AGENT**

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

Nancy A. Johns  
940 Douglas Ave # 139  
Altamonte Springs, FL 32714

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Nancy A. Johns  
940 Douglas Ave # 139  
Altamonte Springs, FL 32714

\*\*\*\*\*

*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

9-16-08  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9-16-08  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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