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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  Delta PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



# **COVER LETTER**

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

SUBJECT:	Allen Steinigger Inc (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	l 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 CO	T REQUIRED
FROM:	Allen Steinigger Name (Printed or typed)		
		ally Lee DR	
	Ellenton Fla 34222 City, State & Zip		
	941-822-6636  Daytime Telephone number		
	drdavebenedict@verizon.net E-mail address: (to be used for future annual report notification)		

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 Steinigger Inc

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 332 Sally Lee Dr.-Ellenton Fla 34222

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: New and Remolding Home Construction

### 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):

Allen Steinigger President 332 Sally Lee Dr

Ellenton Fla 34222

### REGISTERED AGENT ARTICLE VI

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

Dr David Benedict

707 67 th Ave W

Bradenton Fla 34207

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Allen Steinigger 332 Sall Lee DR **eLLENTON fLA 34222** 

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

10 / 29 / 2009

Date

10 / 29 / 2009

Date