

(Requestor's Name)				
(Address)				
(Address)				
(Hadress)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
· · · · · · · · · · · · · · · · · · ·				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Specific Committee of the Committee of t				

Office Use Only



600170925496

03/08/10--01016--011 \*\*78.75

10 NW -8 NW 100 10 NW -8 NW 100 10 NW -8 NW 100

3-10-10 CB

# **COVER LETTER**

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

SUBJECT: AEL IN	VESTMENTS, INC.		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	a check for:
<b>—</b> #=0.00	<b>1</b> 670 75		<b>D</b> #07.50
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate o
			Status
		ADDITIONAL COPY REQUIRED	
FROM: <u>R.</u>	Max Lohman		
	Nam	e (Printed or typed)	
4.4.			
11	1 Hypoluxo Rd., Suite 207	Address	
		Address	
Lar	itana, Florida 33462	0 0.71	
	City	. State & Zip	
501	500 7440		
201	-586-7116	Felephone number	
	Daytime	reteptione number	
max	@corbettandwhite.com		
	E-mail address: (to be use	ed for future annual report i	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:

AEL INVESTMENTS, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 545 Muirfield Dr.

Atlantis, Florida 33462

#### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

To conduct any and all lawful activities and/or business.

### ARTICLE IV SHARES

The number of shares of stock is: 100

## INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

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

P/CEO/Treasurer/D

VP/S/D Lohman, Robert M.

Lohman, Abigail E.

1111 Hypoluxo Rd.

545 Muifield Dr. Suite 207

Atlantis, Florida 33462 Lantana, Florida 33462

#### ARTICLE VI REGISTERED AGENT

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

R. Max Lohman, Esq.

1111 Hypoluxo Rd.

Suite 207

Lantana, Florida 33462

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

R. Max Lohman, Esq.

1111 Hypoluxo Rd.

Suite 207

Lantana, Florida 33462

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

stered Agent

ignature/Rez

gnature/Incorporator