P10000/00285

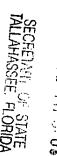
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Bocument Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to 1 imig Officer.				

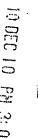
Office Use Only



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COVER LETTER

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

SUBJECT: AG's All the Time Move	ers Corp.			
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)			
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status			
	ADDITIONAL COPY REQUIRED			
FROM: Leonard C. Agee Sr.	(Printed or typed)			
2939 Jefferson St.				
A	Address			
Mims, FL 32754 City, State & Zip				
321-863-8802 Daytime To	elephone number			
Ragee2878@yahoo.com	for future annual report notification)			

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	In compliance with Chapter 607 at	nd/or Chapter 621, F.S. (P	rofit)		
ARTICLE I	NAME AG's All the Time Mo	vere Corn	AND		
	corporation shall be:	vers corp.	FILED		
ARTICLE II	PRINCIPAL OFFICE		10 DEC 10 PM 3: 08		
	Principal street address	Mailin	g address, if different is: 7 3: 08		
	639 Childre Ave.				
	Titusville, FL 32796-5114		SECHEDARY UN STATE TALLAHASSEF FLORIDA		
		 	CONIDA		
ARTICLE III	which the corporation is organized is:				
The purpose for	which the corporation is organized is.				
Any and all	lawful business.				
ARTICLE IV	SHARES				
The number of sh	nares of stock is: 1				
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	RS			
Name and	Title: Leonard C. Agee Sr. President	Name and Title:			
Address:	2939 Jefferson St.	Address:			
	Mims, FL 32754				
					
	Title: Leonard C. Agee Jr. Vice Presider	nt Name and Title:			
Address:	2939 Jefferson St. Mims, FL 32754	Address:	The second secon		
	IVIIIIS, LE SZIST				
Name and	Tial				
Name and Address:	Title:				
Addiess.	<u></u>	Audi ess.			
A DOTOL IN TIT	DECIGREDED AGENT				
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	of the registered agent is:			
Name:	Rodmika D. Agee	of the registered agent is.			
Address:	2939 Jefferson St				
	Mims, Fl. 32754				
A DOTTOT BY YEAR	71200 PROPA #00 P				
ARTICLE VII	INCORPORATOR ddress of the Incorporator is:				
Name:	Leonard C. Agee Sr.				
Address:	2939 Jefferson St.				
	Mims, FL 32754	MALTINA .			
Havino heen na	med as registered agent to accept service of proce	ess for the above stated co	moration at the place designated in		
this certificate, I	am familiar with and accept the appointment as re	egistered agent and agree to	o act in this capacity		
1) 16/	12 / May 1 0 1 1/4	~ 1	10 00 0010		
49991MU4	QDUND I MAMIN	a D. Hope,	125(B)-2()K)		
	Required Signature/Registered Agent		Date		
<i></i>					
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
mrunani w ine i	Department of State Constitutes a tribu degree Jew	ny as proviueu jor in \$.61/	· EIJ 9 E viJv		
1 lana	nd C. Agell SR Leonar	od a Arma	12-08-2010		
V (= 0 1 000	Required Signature/Incorporator	er - cyl	Date		
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