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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Special Instructions to Filing Officer:

Andrew Burton GAVE
AUTHORIZATION BY PHONE TO
CORRECT Articles I+IV
DATE 1/6/11
DOC. EXAM MRB

Office Use Only

MRB
1/6/11

COVER LETTER

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

SUBJECT: **ALLSTATE SHIPPING 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: **ANDREW BURTON**

Name (Printed or typed)

5950 W OAKLAND PARK BLVD STE 100

Address

LAUDERHILL, FLORIDA 33313

City, State & Zip

(954) 655-5519

Daytime Telephone number

SYDBURT1150@YAHOO.COM

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: **ALLSTATE SHIPPING INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address
5950 W OAKLAND PARK BLVD STE 100/00
LAUDERHILL, FL 33319

Mailing address, if different is:
5950 W OAKLAND PARK BLVD STE 100/00
LAUDERHILL, FL 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO CONDUCT ALL LEGAL BUSINESS IN THE STATE

ARTICLE IV SHARES

The number of shares of stock is: **3**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **ANDREW BURTON - PRESIDENT**
Address: **5234 NW MEG CT**
PORT ST LUCIE FL 34986

Name and Title: _____
Address: _____

Name and Title: **ANDREW BURTON JR - VP**
Address: **5234 NW MEG CT**
PORT ST LUCIE FL 34986

Name and Title: _____
Address: _____

Name and Title: **SYDNA BURTON - SECRETARY, TREASURER**
Address: **5234 NW MEG CT**
PORT ST LUCIE, FL 34986

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: **ANDREW BURTON**
Address: **5234 NW MEG CT**
PORT ST LUCIE, FL 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **ANDREW BURTON**
Address: **5234 MEG CT**
PORT ST LUCIE, FL 34986

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



Required Signature/Registered Agent



Date

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.



Required Signature/Incorporator



Date

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