

P110000042451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

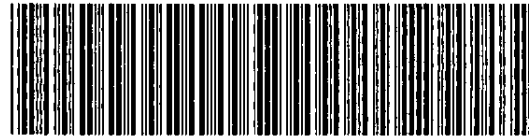
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/03/11--01009--005 **78.75

11 MAY -3 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
FILED

5/4
JP

COVER LETTER

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

SUBJECT: Alternative Domestic Engineers 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:

Geri McClellan

Name (Printed or typed)

732 Valrico Hills Ln

Address

Valrico, Florida 33594

City, State & Zip

813-651-4943

Daytime Telephone number

gabgator7@aol.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:

Alternative Domestic Engineers Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

732 Valrico Hills Ln.
Valrico, FL 33594

PO BOX 74
Brandon, FL 335

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Public service

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Geri McClellan / ~~owner~~
Address: 732 Valrico Hills Ln.
Valrico, FL 33594
President

Email: gabgator1@aol.com
Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Geri McClellan
Address: 732 Valrico Hills Ln.
Valrico, FL 33594

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

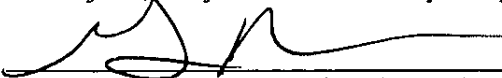
Name: Geri McClellan
Address: 732 Valrico Hills Ln.
Valrico, FL 33594

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY - 3 PM 4: 28

APPROVED
FILED

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

4/27/11
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

4/27/11
Date