

P12000037728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

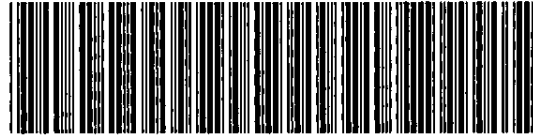
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 APR 20 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
4/23/12

## COVER LETTER

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

**SUBJECT: Allegiance Resource Group 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: Roger J Rolewicz

Name (Printed or typed)

11139 Sailbrooke Dr

Address

Riverview, FL 33579-7075

City, State & Zip

813-240-1560

Daytime Telephone number

rolewicz@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: **Allegiance Resource Group Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**11139 Sailbrooke Dr.**  
**Riverview, FL 33579-7075**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**Marketing information regarding business opportunities**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Roger J. Rolewicz President**  
Address: **11139 Sailbrooke Dr.**  
**Riverview, FL 33579 - 7075**

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:

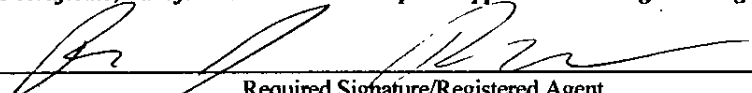
Name: **Roger J. Rolewicz**  
Address: **11139 Sailbrooke Dr.**  
**Riverview, FL 33579-7075**

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

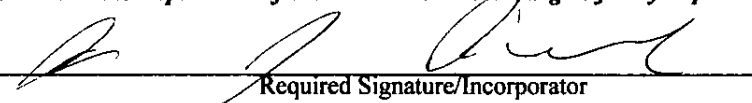
Name: **Roger J. Rolewicz**  
Address: **11139 Sailbrooke Dr.**  
**Riverview, FL 33579-7075**

*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

**4/18/12**  
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

**4/18/12**  
Date

**FILED**  
**12 APR 20 PM 12:56**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**