

P130000005034

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1112-55

MD 1/15

COVER LETTER

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

SUBJECT: _____

ASL Associates 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: _____

Stephen E. Maxey

Name (Printed or typed)

5388 Hidden Gardens Dr

Address

Jacksonville Florida 32258

City, State & Zip

904 444-8644

Daytime Telephone number

Maxeymortgage@aol.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 2, 2013

STEPHEN E. MAXEY
5388 HIDDEN GARDENS DR.
JACKSONVILLE, FL 32258

SUBJECT: ASL ASSOCIATES INC
Ref. Number: W13000000055

We have received your document for ASL ASSOCIATES INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 413A00000025

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: ASL Associates INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

5388 Hidden Gardens Dr
Jacksonville, Florida 32258

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Language Interpretation

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephen E. Macey / CEO

Address: 5388 Hidden Gardens Dr
Jacksonville, FL 32258

Name and Title: Madeline Reckert / Officer

Address: 5388 Hidden Gardens Dr
Jacksonville, FL 32258

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: Stephen E. Macey
Address: 5388 Hidden Gardens Dr
Jacksonville, FL 32258

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stephen E. Macey
Address: 5388 Hidden Gardens Dr
Jacksonville, FL 32258

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