

PI3000012768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

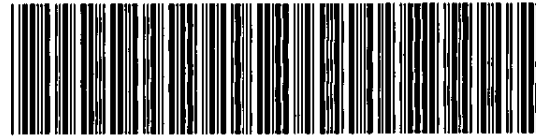
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200241903552

02/07/13--01004--008 **78.75

RECEIVED
DEPT. OF STATE
TALLAHASSEE, FLORIDA
SECRETARY OF FILING

2013 FEB -7 AM 10:31

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 FEB -7 AM 8:13

82

8

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Allied Development Associates Inc

Signature _____

Requested by: SETH

02/06/13

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
☒ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 FEB -7 AM 8:13

FILED

COVER LETTER

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

SUBJECT: ALLIED DEVELOPMENT & 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: TERI MAURER
Name (Printed or typed)

P.O. Box 366069
Address

BONITA SPRINGS, FL 34136
City, State & Zip

239 992 9611 x 5
Daytime Telephone number

Lucy@developmentassociates.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:

ALLIED DEVELOPMENT &
ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

25130 BERNWOOD DR.
BONITA SPRINGS, FL 34135

Mailing address, if different is:

P.O. Box 366069
BONITA SPRINGS, FL 34136

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DEVELOP REAL ESTATE AND MANAGE ASSETS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TERI MAUER President

Address:

P.O. Box 366069
BONITA SPRINGS FL 34136

Address:

Name and Title: TERI MAUER SECRETARY

Address:

P.O. Box 366069
BONITA SPRINGS FL 34136

Address:

Name and Title: TERI MAUER TREASURER

Address:

P.O. Box 366069
BONITA SPRINGS FL 34136

Address:

ARTICLE VI REGISTERED AGENT

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

Name: CHARLES F MAUER JR

Address:

25130 Bernwood Dr, Bonita Springs, FL
34135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TERI MAUER

Address:

P.O. Box 366069
BONITA SPRINGS FL 34136

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

28 JAN. 13

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

1/28/13

Date