

P13000018352

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MP 2/26

## COVER LETTER

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

SUBJECT: **ALSTIN, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: **S J COOPER & ASSOCIATES**

Name (Printed or typed)

**4001 SANTA BARBARA BLVD # 366**

Address

**NAPLES, FL 34104**

City, State & Zip

**239-272-7074**

Daytime Telephone number

**LYNN.BLOODGOOD@GMAIL.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: ALSTIN, INC

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

8735 RIVER HOMES LANE

# 6-107

BONITA SPRINGS, FL 34135

Mailing address, if different is:

3269 STURGEON BAY CT

NAPLES, FL 34120

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: PROFESSIONAL CORPORATION

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**ARTICLE IV    SHARES    100**

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: CAROLYN M LINK, PRESIDENT

Address: 8735 RIVER HOMES LANE

# 6-107

BONITA SPRINGS, FL 34135

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

(conti.)

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**

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

Name:

**CAROLYN M LINK**

Address:

**8735 RIVER HOMES LANE # 6-107**

**BONITA SPRINGS, FL 34135**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

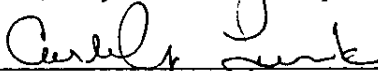
**SJ COOPER & ASSOCIATES, L.BLOODGOOD**

Address:

**4001 SANTA BARBARA BLVD# 366**

**NAPLES, FL 34104**

*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

**2/14/2013**

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

**2/14/2013**

Date