

P130000059761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

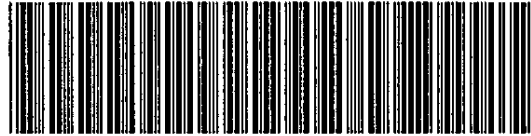
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/15/13--01055--005 **70.00

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13 JUL 15 AM 8:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUL 18 2013
A. DUNLAP

COVER LETTER

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

SUBJECT: Allied Real Estate, 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: Katherine Cook
Name (Printed or typed)
3 N Main Ave
Address
Lake Placid, FL 33852
City, State & Zip
863-465-4400
Daytime Telephone number
info@alliedbuilders.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 Allied Real Estate, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3 North Main Ave

Lake Placid, FL 33852

ARTICLE III PURPOSE

Any and all lawful business

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100

The number of shares of stock is: _____

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TALLAHASSEE FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Cook- P Name and Title: _____

Address: 322 Lott Grade Address: _____

Venus, FL 33960

Name and Title: Christina Hile - S Name and Title: _____

Address: 315 Emily Lane Address: _____

Bell Buckle, TN 37020

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

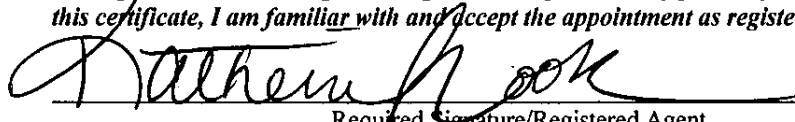
Name: Katherine Cook
Address: 3 North Main Ave
Lake Placid, FL 33852

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Katherine Cook
Address: 3 North Main Ave
Lake Placid, FL 33852

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

07.11.13

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

07.11.13

Date