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(Requestor's Name)				
(Address)				
(Address)				
(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Bi	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
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13 OCT 23 PM 1: 18

SECHETARY OF STATE
DIVISION OF CORPORATIONS

on 10/24/13

COVER LETTER

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

SUBJECT: Albany Associa	ites, Inc.	
(PROPOSED C	CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)	
Enclosed are an original and one (1) copy	of the articles of incorporation and a check for:	
\$70.00 \$78.75 Filing Fee & Certificate of Sta	\$78.75 \$\square \\$87.50\$ Filing Fee Filing Fee, & Certified Copy Certified C & Certifica Status ADDITIONAL COPY REQUIR	te of
	ADDITIONAL COLT REQUIR	
FROM: Andrew Cohe	en	
FROM:	Name (Printed or typed)	_
1501 S. Albar	ny Avenue	
•	Address	_
Tampa, FL 33606		
813-220-4600	City, State & Zip	/ISCO 23
	Daytime Telephone number	- CORP
acohentpa@aol	l.com	-# "g

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)

SECRETARY OF STATE

31VER H OF CORPORATIONS The name of the corporation shall be: Albany Associates, Inc. 13 OCT 23 PH 1: 18 ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: 1501 S. Albany Avenue Tampa, FL 33606 The purpose for which the corporation is organized is: To conduct any and all legal business activities ARTICLE III PURPOSE ARTICLE IV SHARES
The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Andrew Cohen, President Name and Title:_ 1313 Gray Street Address _ Address: Tampa, FL 33606 Name and Title: April Cohen, Sec/Tres Name and Title: 1313 Gray Street Address Address: Tampa, FL 33606 Name and Title:_ Name and Title: _____ Address: Address

Name an	d Title:	_ Name and Title:	
Address		Address:	
ARTICLE VI The name and Fl	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) Andrew Cohen	of the registered agent is:	
Address:	1313 Gray Street Tampa, FL 33606		
ARTICLE VII	INCORPORATOR		
The <u>name and ac</u>	Idress of the Incorporator is:		
Name:	Andrew Cohen		
Address:	1501 S. Albany Avenue		
	Tampa, FL 33606	~	
Having been nan this certificate, I d	ned as registered agent to accept service of proces im familiar with and accept the appointment as re	is for the above stated corpo gistered agent and agree to d	ration at the place designated in act in this capacity
	-/m/	_	10/21/2013
Required Signature/Registered Agent			Date
I submit this doc document to the l	ument and affirm that the facts stated herein are Department of State constitutes a third degree folo	e true. I am aware that the j ny as provided for in s.817.1.	false information submitted in a 55, F.S.
•		Man-	10/21/2013
Required Signature/Incorporator			Date
			SE SIAIC

SECKETARY OF STATE
DIVISION OF CORPORATIONS

13 OCT 23 PM 1: 18