

P14 0000 10024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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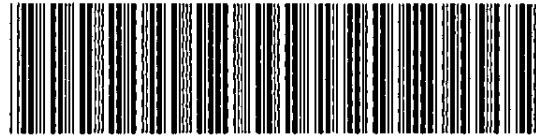
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF REVENUE

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FLORIDA

APPROVED
AND
FILED

15 2/4/14

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AND
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COVER LETTER

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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: All Things Electronic 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: Henry Davis

Name (Printed or typed)

228 Lovelace Dr. Apt. 16

Address

Tallahassee, FL 32304

City, State & Zip

850-339-4755

Daytime Telephone number

electronics.tally@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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: All Things Electronic Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address if different from

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

228 Lovelace Dr. Apt 16

Tallahassee, FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To buy and sale new and used electronics.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Henry Davis/ Director</u>	Name and Title:	<u>Courtney Davis/ Director</u>
Address	<u>228 Lovelace Dr. Apt. 16</u>	Address:	<u>228 Lovelace Dr. Apt 16</u>
	<u>Tallahassee, FL 32304</u>		<u>Tallahassee, FL 32304</u>

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

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

APPROVED
(cont.)
AND
FILED

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Henry Davis
Address: 228 Lovelace Dr. Apt 16
Tallahassee, FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Courtney Davis
Address: 228 Lovelace Dr. Apt 16
Tallahassee, FL 32304

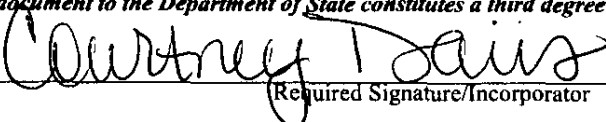
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

01/29/2014

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

01/29/2014

Date