

P14000038235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

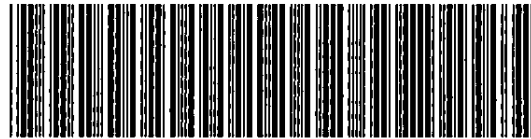
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY - 1 PM 1:37

B 5/1/14

**COVER LETTER**

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

SUBJECT: ALLENIXX, 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: NICHOLAS E NICOLAIDES II  
Name (Printed or typed)

948 EDGEWOOD AV S  
Address

JACKSONVILLE, FL 32205  
City, State & Zip

239-707-0847  
Daytime Telephone number

NOTNIXX@YAHOO.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:

ALLEN IXX, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

948 EDGEWOOD AV S  
JACKSONVILLE, FL 32205

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PUB

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

Name and Title: ALLEN Colberhouse Name and Title: \_\_\_\_\_

Address PRESIDENT/V.P. Address: \_\_\_\_\_

8314 OLD PLANK RD  
JACKSONVILLE, FL 32220

Name and Title: NICHOLAS E NICOLAIDES II Name and Title: \_\_\_\_\_

Address 2858 DOWNING ST Address: \_\_\_\_\_

JACKSONVILLE, FL 32205  
SECRETARY/TREASURER

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

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

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DIVISION OF CORPORATIONS  
14 MAY - 1 PM 1:37

(conti.)

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: NICHOLAS E NICOLAIDES II  
Address: 948 EDGEWOOD AV S  
JACKSONVILLE, FL 32205

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: NICHOLAS E NICOLAIDES II  
Address: 948 EDGEWOOD AV S  
JACKSONVILLE, FL 32205

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*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*

*Nicholas E. Nicolaides II*  
Required Signature/Registered Agent

4/25/14  
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.*

*Nicholas E. Nicolaides II*  
Required Signature/Incorporator

4/25/14  
Date