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2015 MAR -4 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

3/4/15

## COVER LETTER

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

SUBJECT: A.L.T. Services Co., 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: Terry E. McKenney

Name (Printed or typed)

631 Cedar Lane

Address

Monticello Fla. 32344

City, State & Zip

850 878 5343

Daytime Telephone number

ALT Services Co @ Century Link - 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**

The name of the corporation shall be: A.L.T. Services Co Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

631 Cedar Lane  
Monticello  
Fla 32344

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: buying + selling  
real + personal property - - Electrical Repairs and  
Service, Repair Restaurant Equipment

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**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Terry E. McKenney <sup>Director</sup> Name and Title: \_\_\_\_\_

Address: 631 Cedar Lane Address: \_\_\_\_\_  
Monticello  
Fla 32344

Name and Title: Glen K. McKenney <sup>Director</sup> Name and Title: \_\_\_\_\_

Address: 6352 Brownsville Rd Address: \_\_\_\_\_  
Lithia Springs Ga 30122

Name and Title: Alice L. McKenney <sup>Director</sup> Name and Title: \_\_\_\_\_

Address: 631 Cedar Lane Address: \_\_\_\_\_  
Monticello Fla 32344

(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: Terry E. Mc Kenney  
Address: 631 Cedar Lane  
Monticello FL 32344

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Terry E. Mc Kenney  
Address: 631 Cedar Lane  
Monticello FL 32344

*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*

T E. Mc K  
Required Signature/Registered Agent

4 March 15  
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.*

T E. Mc K  
Required Signature/Incorporator

4 March 15  
Date