

P150000214174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

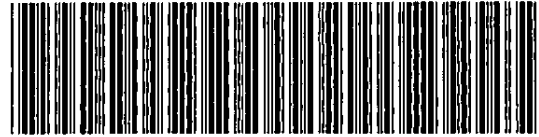
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

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TALLAHASSEE FLORIDA

15 MAY 18 PM 2:55

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DEPARTMENT OF STATE
15 MAY 18 PM 2:43

MD 5/18

COVER LETTER

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

SUBJECT: ALL Form Concrete, 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: ALAN Owens
Name (Printed or typed)

PO Box 126
Address

Grand Ridge, FL. 32442
City, State & Zip

850-592-4087
Daytime Telephone number

all-form-concrete@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FEEN# 80-0226180

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: ALL Form Concrete, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6830 Hwy 90
Grand Ridge, FL. 32442

PO Box 126
Grand Ridge, FL.
32442

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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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: Alan Owens, CEO

Address: PO Box 126
Grand Ridge, FL.
32442

Name and Title: Ruth Owens, President

Address: PO Box 126
Grand Ridge, FL.
32442

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Alan Owens
Address: 6830 Hwy 90
Grand Ridge, Fl. 32442

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Alan Owens - Ruth Owens
Address: PO Box 126
Grand Ridge, Fl. 32442

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: May 18, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

[Signature]
Required Signature/Registered Agent

5/18/15
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.

[Signature]
Required Signature/Incorporator

5/18/15
Date