

P/5000044834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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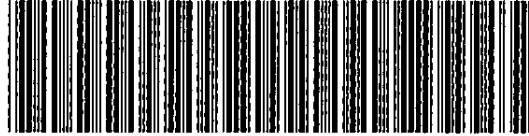
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAY 18 PM 12:45

05/20/15

COVER LETTER

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

SUBJECT: A LASTING IMAGE 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: ROXY HARE

Name (Printed or typed)

1511 S.W. 87th TERRACE

Address

PEMBROKE PINES, FL. 33025

City, State & Zip

954-274-6573

Daytime Telephone number

Roxyhare@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)

ARTICLE I NAME

The name of the corporation shall be: A LASTING IMAGE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1511 S.W. 87th TERRACE

Mailing address, if different is:

PEMBROKE PINES, FL. 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is: 1000 SHARES @ \$1,000.00 Per sha

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROXY HARE - President

Name and Title: _____

Address 1511 S.W. 87th Terrace

Address: _____

Pembroke Pines, FL 33025

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAY 18 PM 12:45

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: CHARLES INIJE
Address: 20401 NW 2nd Avenue suite 214
Miami, FL. 33169

ARTICLE VII INCORPORATOR

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

Name: ROXY HARE
Address: 1511 S.W. 87th TERRACE
PEMBROKE PINES, FL. 33025

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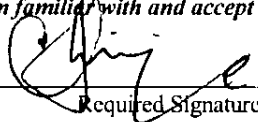
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

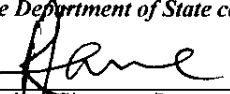
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 Required Signature/Registered Agent
05/12/2015
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
05/12/2015
Date