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(Address)

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(City/State/Zip/Phone #)

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TAMPA

May 27, 2015

VIA U.S. MAIL

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

Re: Allied Enterprises of NW Florida, Inc.
Articles of Incorporation

Dear Sir/Madam:

Please find enclosed the following:

1. Check 94793 in the amount of $87.50 for filing fee, Certified Copy and Certificate of Status;
2. Cover Letter;
3. Articles of Incorporation (original and 1 copy); and
4. Self Addressed Return Stamped Envelope.

If you have any questions, please do not hesitate to contact our office.

Sincerely,

Jodena K. Beranek,
Administrative Legal Assistant to
Denise H. Rowan, Partner and
Eric A. Krebs, Associate

/jkb

Enclosure(s)

COVER LETTER

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

SUBJECT: ALLIED ENTERPRISES OF NW FLORIDA,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: Eric A. Krebs
Name (Printed or typed)

1022 W. 23rd St., Ste 600
Address

Panama City, FL 32405
City, State & Zip

850-745-2635
Daytime Telephone number

eak@mccallaraymer.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: ALLIED ENTERPRISES OF NW FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is:
2959 Frankford Ave.	P.O. Box 9814
Panama City, Florida 32405	Panama City Beach, FL 32407

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: all legal purposes.

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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: Jeffrey Nash, President	Name and Title: Johnathan Savage, Vice-President
Address: 178 Wheeler Ridge Road Dunlap, TN 37327	Address: 2800 W. 14th Street Panama City, Florida 32401
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: Johnathan Savage

Address: 2800 W. 14th Street

Panama City, Florida 32401

ARTICLE VII INCORPORATOR

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

Name: Eric A. Krebs

Address: 1022 W. 23rd St. Suite 600

Panama City, Florida 32405

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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

Johnathan M. Savage
Required Signature/Registered Agent

05/21/2015
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.

E A K
Required Signature/Incorporator

5/21/2015
Date