

P/15000098552

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(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 DEC -4 AM 11:06

12/11/15

## COVER LETTER

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

**SUBJECT:** Al Curry 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:** Alonzo B Curry Jr

\_\_\_\_\_  
Name (Printed or typed)

655 South Main Street

\_\_\_\_\_  
Address

Labelle, FL 33935

\_\_\_\_\_  
City, State & Zip

239-872-0998

\_\_\_\_\_  
Daytime Telephone number

Alcurry2@aol.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: Al Curry Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
655 South Main Street  
Labelle, FL 33935

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To conduct business and function within the legal  
confines of a corporation.

**ARTICLE IV SHARES**

The number of shares of stock is: 300

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

Name and Title: Alonzo B Curry Jr

Address 275 Kirby Thompson Rd  
Labelle, FL 33935

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

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DIVISION OF CORPORATIONS  
15 DEC -4 AM 11:06



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: Alonzo B Curry Jr  
Address: 275 Kirby Thompson Rd  
Labelle, FL 33935

**ARTICLE VII INCORPORATOR**

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

Name: Alonzo B Curry Jr  
Address: 275 Kirby Thompson Rd  
Labelle, FL 33935

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: December 3, 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*

Alonzo B. Curry Jr  
Required Signature Registered Agent

12-3-15  
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.*

Alonzo B Curry Jr  
Required Signature/Incorporator

12-3-15  
Date