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(Re	equestor's Name)	
(Ad	idress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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16 MAY 27 PH 1: 3:
SECRETARY OF STATE

114

COVER LETTER

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

HAROLD ALTZ & ASSOCIATES, INC.

SUBJECT:	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	SA BIGGINS		
208	Nam 56 N RAND RD	e (Printed or typed)	
·		Address	
KIL	DEER, IL 60010		
	City	, State & Zip	
847-	-438-3590		
	•	Telephone number	
lisa(@glmfin.com		(1)
	E-mail address: (to be use	ed 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)
FILED

The of the corpora	tion shall be: HAROLD ALTZ & ASSOCI	ATES, INC. 16 HAY 27 PH 1: 32
CLE II PRINC	Principal street address	SECRETARY OF STATE Mailfall backbass grapherent is the
3 RISORSA PL		20856 N RAND RD
IITA SPRINGS, FI	_ 34135	KILDEER, IL 60010
	he corporation is organized is:	SACTION OF ANY OR ALL LAWFUL PORATED UNDER THE FLORIDA BUSINESS
77°		
ICLE IV SHAR		
number of shares of	stock is: AL OFFICERS AND/OR DIRECTORS HADOLD ALTZ PRESIDENT	Name and Title:
number of shares of	stock is: AL OFFICERS AND/OR DIRECTORS HADOLD ALTZ PRESIDENT	Name and Title:
number of shares of SICLE V INITIA Name and Title	stock is: AL OFFICERS AND/OR DIRECTORS HAROLD ALTZ, PRESIDENT	
Name and Title Address	AL OFFICERS AND/OR DIRECTORS HAROLD ALTZ, PRESIDENT 28513 RISORSA PL BONITA SPRINGS, FL 34135 AMY ALTZ SECRETARY/TREASURE	Address:
Name and Title Name and Title	AL OFFICERS AND/OR DIRECTORS HAROLD ALTZ, PRESIDENT 28513 RISORSA PL BONITA SPRINGS, FL 34135 AMY ALTZ, SECRETARY/TREASURE	Address: Name and Title:
Name and Title Address	AL OFFICERS AND/OR DIRECTORS HAROLD ALTZ, PRESIDENT 28513 RISORSA PL BONITA SPRINGS, FL 34135 AMY ALTZ, SECRETARY/TREASURE	Address: Name and Title:
Name and Title Name and Title	AL OFFICERS AND/OR DIRECTORS HAROLD ALTZ, PRESIDENT 28513 RISORSA PL BONITA SPRINGS, FL 34135 AMY ALTZ, SECRETARY/TREASURE 28513 RISORSA PL	Address: Name and Title:
Name and Title Name and Title Address	AL OFFICERS AND/OR DIRECTORS HAROLD ALTZ, PRESIDENT 28513 RISORSA PL BONITA SPRINGS, FL 34135 AMY ALTZ, SECRETARY/TREASURE 28513 RISORSA PL BONITA SPRINGS, FL 34135	Address: Name and Title:

Name Addre	and Title:ess	Name and Title: Address:	FILED 16 MAY 27 PM 1: 32 SECRETARY DE STATE TALLAHASSEE FLORIDA
		······································	ACCAHASSEE FLORIDA
	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	ble) of the registered age	ent is:
Name:	HAROL ALTZ	, ,	
Address:	28513 RISORSA PL		
rudiess.	BONITA SPRINGS, FL 34135		
ARTICLE VII	INCORPORATOR		
The name and	address of the Incorporator is:		
Name:	LISA BIGGINS		
Address:	20856 N RAND RD		
	KILDEER, IL 60010		
Effective date, (If an effective days after the	I EFFECTIVE DATE: if other than the date of filing: e date is listed, the date must be specific and filing.) ate inserted in this block does not meet the appli	cannot be more than fi	ve business days prior or 90 business
	s effective date on the Department of State's rec		quitements, this date will not be fisted as
	named as registered agent to accept service of p I am familiar with and accept the appointment		agree to act in this capacity
/_	Required Signature/Registered Ager		5-23-16 Date
•			
	locument and affirm that the facts stated hereing Department of State constitutes a third degree		
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		5/18/16
Rec	quired Signature/Incorporator		Date

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ACT	THE TRAN	SECRETARY Mailing address different is: 20856 N RAND RD KILDEER, IL 60010 INSACTION OF ANY OR ALL LAWFUL RPORATED UNDER THE FLORIDA BUSINES
ONITA SPRINGS, FL 34135 RTICLE III PURPOSE the purpose for which the corporation is of USINESSES FOR WHICH CORPORA CT RTICLE IV SHARES	TIONS MAY BE INCOR	KILDEER, IL 60010 INSACTION OF ANY OR ALL LAWFUL RPORATED UNDER THE FLORIDA BUSINES
RTICLE III PURPOSE the purpose for which the corporation is of USINESSES FOR WHICH CORPORA CT RTICLE IV SHARES	TIONS MAY BE INCOR	NSACTION OF ANY OR ALL LAWFUL RPORATED UNDER THE FLORIDA BUSINES
CT RTICLE IV SHARES 100	TIONS MAY BE INCOR	RPORATED UNDER THE FLORIDA BUSINES
RTICLE IV SHARES 100		
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Name and Title: 28513 RISORSA	Z, PRESIDENT	Name and Title:
Address 28313 KISOKSA BONITA SPRIN		Address:
BONTA STRIN	G 5, 1 L 3 + 13 5	
Name and Title: AMY ALTZ, SI	ECRETARY/TREASURE	E Name and Title:
Address 28513 RISORSA	PL	
	IGS, FL 34135	
BONITA SPRIN		
51.24		
		Name and Title:

Name a	and Title:	Name and Title:	FILED
Addre	ss	Address:	6 MAY 27 PH 1: 32
		TAE	ECRETARY OF STATE LAHASSEE FLORIDA
			- COMOR
	REGISTERED AGENT		
The <u>name and</u>	Florida street address (P.O. Box NOT accept	ptable) of the registered age	nt is:
Name:	HAROL ALTZ		
Address:	28513 RISORSA PL		
	BONITA SPRINGS, FL 34135		
		<u>_</u>	
ARTICLE VII	INCORPORATOR		
The name and a	address of the Incorporator is:		
	LISA BIGGINS		
Name:			
Address:	20856 N RAND RD		
	KILDEER, IL 60010		
ARTICLE VIII	EFFECTIVE DATE: f other than the date of filing:	(O'D)	TV0
Of an effective	date is listed, the date must be specific an	(OP	FIONAL)
days after the f	illing.)	u cannot be more than m	e business days prior or 50 business
	_		
	e inserted in this block does not meet the ap effective date on the Department of State's r		uirements, this date will not be listed as
	•		
Having been na	med as registered agent to accept service of	f process for the above state	ed corporation at the place designated in
this certificate, I	am familiar with and accept the appointme	nt as registered agent and a	igree to act in this capacity
			5/22/11
·	Required Signature/Registered Ag	ent	Date
I submit this do document to the	cument and affirm that the facts stated her Department of State constitutes a third degi	ein are true. I am aware t ee felony as provided for it	that the false information submitted in a is 817.155, F.S.
	0001	· •	5/18/16
Deau	ired theatere/becommonator		Data