

P16000048281

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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FILED
16 MAY 27 PM 1:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

114

COVER LETTER

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

SUBJECT: HAROLD ALTZ & ASSOCIATES, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: LISA BIGGINS

Name (Printed or typed)

20856 N RAND RD

Address

KILDEER, IL 60010

City, State & Zip

847-438-3590

Daytime Telephone number

lisa@glmfin.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)

FILED

ARTICLE I NAME

The name of the corporation shall be: HAROLD ALTZ & ASSOCIATES, INC.

16 MAY 27 PM 1:32

ARTICLE II PRINCIPAL OFFICE

Principal street address

**SECRETARY OF STATE
MAILING ADDRESS IF DIFFERENT IS:
TALLAHASSEE, FLORIDA**

28513 RISORSA PL

20856 N RAND RD

BONITA SPRINGS, FL 34135

KILDEER, IL 60010

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE TRANSACTION OF ANY OR ALL LAWFUL

BUSINESSES FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER THE FLORIDA BUSINESS

ACT

ARTICLE IV SHARES

The number of shares of stock is: 1000000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HAROLD ALTZ, PRESIDENT

Name and Title: _____

Address 28513 RISORSA PL

Address: _____

BONITA SPRINGS, FL 34135

Name and Title: AMY ALTZ, SECRETARY/TREASURE

Name and Title: _____

Address 28513 RISORSA PL

Address: _____

BONITA SPRINGS, FL 34135

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

FILED

16 MAY 27 PM 1:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: HAROL ALTZ _____

Address: 28513 RISORSA PL _____

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 _____

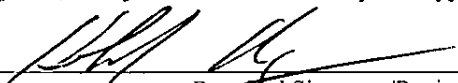
ARTICLE VIII EFFECTIVE DATE:

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

5-23-16

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

5/18/16

Date

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

FILED

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Name and Title: _____

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Address: _____

BONITA SPRINGS, FL 34135

Name and Title: AMY ALTZ, SECRETARY/TREASURE

Name and Title: _____

Address 28513 RISORSA PL

Address: _____

BONITA SPRINGS, FL 34135

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: **FILED**
Address: _____ Address: **16 MAY 27 PM 1:32**

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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Address: 28513 RISORSA PL
BONITA SPRINGS, FL 34135

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

Name: LISA BIGGINS
Address: 20856 N RAND RD
KILDEER, IL 60010

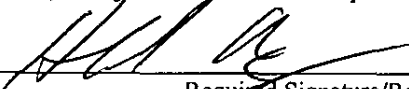
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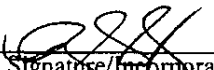
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