

P1700041747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

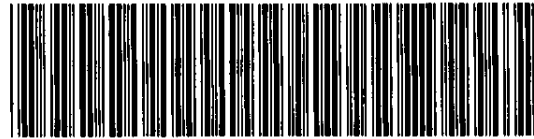
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/08/17--01039--001 \*\*70.00

17 MAY -8 PM 1:05

STANDARD - 0415  
ALL - 1015

M. MOON  
MAY 08 2017

## COVER LETTER

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

SUBJECT: **ANITA ALLEN 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: **Michael Ferraro CPA**

Name (Printed or typed)

**196 E. Nine Mile Rd Suite E**

Address

**Pensacola FL 32534**

City, State & Zip

**850-475-4100**

Daytime Telephone number

**ferrarocpa@hotmail.com**

E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

17 MAY - 8 PM 1:05

SEC. OF STATE  
DIV. OF CORPORATIONS  
RECEIVED

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: ANITA ALLEN INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5487 ROWE TRAIL

MILTON FL 32571

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in any business or activity not prohibited by law.

**ARTICLE IV SHARES** One

The number of shares of stock is:

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

Name and Title: ANITA ALLEN PRESIDENT

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

Address 5487 ROWE TRAIL

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

MILTON FL 32571

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

17 MAY - 9 11:05  
SECRET  
FBI

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: ANITA ALLEN  
Address: 5487 ROWE TRAIL  
MILTON FL 32571

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ANITA ALLEN  
Address: 5487 ROWE TRAIL  
MILTON FL 32571

*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*

X Anita Allen  
Required Signature/Registered Agent

5/3/2017

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.*

X Anita Allen  
Required Signature/Incorporator

5/3/2017

Date