

P17000075470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SEP 18 2017

T. SCOTT



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2017 SEP 18 PM 2:53

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COVER LETTER

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

SUBJECT: allen's concrete & NC.
(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: ROBERT F ALLEN
Name (Printed or typed)

26445 NE PASSATE STONE RD
Address

ALTA FLA 32421
City, State & Zip

1 850 674 3146
Daytime Telephone number

None
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: ALLEN'S CONCRETE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

ALLEN'S CONCRETE
26445 NE JESSIE STONERD
ALTA FLA 32421

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

concrete work

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT Name and Title: KELLY ALLEN

Address: ROBERT F. ALLEN Address: vice president

26445 NE JESSIE
STONERD Altus Fla 32421

26445 NE JESSIE
STONERD Altus Fla 32421

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF COURT
JACKSONVILLE, FLA.

1

Rev

Name and Title:	<u>ROBERT F. ALLEN</u>	Name and Title:	<u>KELLY L ALLEN</u> <i>VP</i>
Address	<u>26445 NE JESSIE</u> <u>STONE RD ALTHA</u> <u>FLA 32421</u>	Address:	<u>26445 NE JESSIE</u> <u>RD ALTHA FLA</u> <u>32421</u>

ARTICLE VI REGISTERED AGENT

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

Name: ROBERT F ALLEN
Address: 26445 NE JESSIE STONE
RD ALTHA FLA 32421

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kelly L ALLEN
Address: 26445 NE Jessie Stone
RD Altha Fla 32421

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 days prior or 90 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

Robert F Allen
Required Signature/Registered Agent

9, 18, 17
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.

Kelly L Allen
Required Signature/Incorporator

9, 18, 17
Date

I will not restate
allen's concrete line
p040000094917

Bill F. Allen