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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : 120070000020
Phone : (813)435-3175
Fax Number : (713)429-1276

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: NS@NickSpradlin.Com

**FLORIDA PROFIT/NON PROFIT CORPORATION
ALIGNMENT UNIVERSAL, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED

2018 MAY 29 AM 10:38

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAY 29 PM 3:16

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MAY 31 2018

T. SCOTT

ARTICLES OF INCORPORATION

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

ARTICLE I NAME ALIGNMENT UNIVERSAL, INC
The name of the corporation shall be:**ARTICLE II PRINCIPAL OFFICE**
Principal street address
513 12TH STREET DRIVE W.Mailing address, if different is:
513 12TH STREET DRIVE W.

PALMETTO FL 34221

PALMETTO FL 34221

ARTICLE III PURPOSE ANY AND ALL LAWFUL BUSINESS PURPOSE
The purpose for which the corporation is organized is:**ARTICLE IV SHARES** 1000 COMMON STOCK AT \$0.10 PAR
The number of shares of stock is:**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: KELLI D. MAHONEY D,P,S,T

Name and Title:

Address 513 12TH STREET DRIVE W.

Address:

PALMETTO FL 34221

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: THE LAW OFFICES OF NICK SPRADLIN, PLLC

Address: 2202 N. WEST SHORE BLVD. STE 200

TAMPA, FLORIDA 33607

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: NICKOLAS J. SPRADLIN, ESQ

Address: 2202 N. WEST SHORE BLVD. STE 200

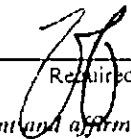
TAMPA, FLORIDA 33607

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*



 Required Signature/Registered Agent

05/25/2018

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

05/25/2018

Date