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**DATE: 4/17/19**

**NAME: ALLIED AUTOMATION GROUP INC.**

**TYPE OF FILING: ARTICLES**

**COST: 70.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*AttHodge*

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## COVER LETTER

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

**SUBJECT:** \_\_\_\_\_  
(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

|  |   |
|--|---|
| <input type="checkbox"/> \$78.75<br>Filing Fee<br>& Certified Copy | <input type="checkbox"/> \$87.50<br>Filing Fee,<br>Certified Copy<br>& Certificate of<br>Status |
| <b>ADDITIONAL COPY REQUIRED</b>                                    |   |

**FROM:** ALLIED AUTOMATION GROUP INC.  
\_\_\_\_\_  
Name (Printed or typed)

3411 silverside road tatnall bldg ste 104  
\_\_\_\_\_  
Address

Wilmington DE 19810  
\_\_\_\_\_  
City, State & Zip

3024770500  
\_\_\_\_\_  
Daytime Telephone number

fleetratesinventory@gmail.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)

**ARTICLE I NAME**

The name of the corporation shall be: ALLIED AUTOMATION GROUP INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2719 Hollywood Blvd Suite 5010

Hollywood, FL 33020

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Consulting

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 shares at .001 par value

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

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

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

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

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

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

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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: Corporate Creations Network Inc. \_\_\_\_\_

Address: 11380 Prosperity Farms Road #221E \_\_\_\_\_

Palm Beach Gardens, FL 33410 Palm Beach Cou \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Joelle Akena \_\_\_\_\_

Address: 3411 Silverside Rd. #104 Tatnall \_\_\_\_\_

Wilmington, DE 19810 \_\_\_\_\_

**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.

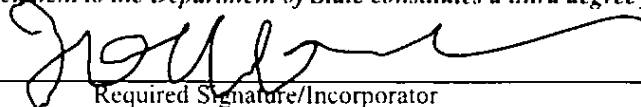
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*



Diana Serra, Vice President

Required Signature/Registered Agent

*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

4/17/19

Date

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