

P19000081477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

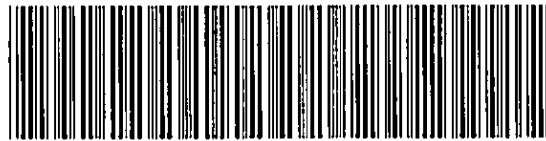
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Certified Copies _____ Certificates of Status _____

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19 NOV - 1 PM 3:39

19 NOV - 4 PM 9:42

Sunshine State Corporate Compliance Company

*3458 Lakeshore Drive, Tallahassee, Florida 32312
(850) 656-4724*

DATE 10/31/2019

****WALK IN****

ENTITY NAME ALLIE B. INC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

Cert. Copy of Restated Arts & Amends if available. If not provide Cert. Copy of Arts & Amends.

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70.00

CHECK # 6792

Please call Tina at the above number for any issues or concerns. Thank you so much!

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: Allie B. Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10127 Edendale Lane

Cantonment, FL 32533

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To engage in any lawful act or activity permitted under the Florida Business Corporation Law.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Allison Bailey, President

Name and Title: _____

Address 10127 Edendale Lane

Address: _____

Cantonment, FL 32533

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

ALLIANCE
19 NOV 4 PM 8:42

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: Allison Bailey
Address: 10127 Edendale Lane
Cantonment, FL 32533

19 NOV - 4 PM 9:42

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Allison Bailey
Address: 10127 Edendale Lane
Cantonment, FL 32533

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

Allison Bailey
Required Signature/Registered Agent

10/29/2019
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.

Allison Bailey
Required Signature/Incorporator

10/29/2019
Date