

P20000080028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

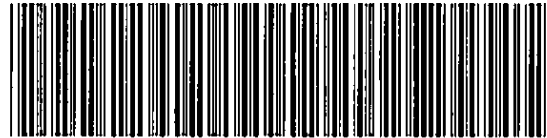
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/14/20--01031--012 **70.00

2020 OCT 14 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FL

2020 OCT 14 PM 2:04

FILED

N CULP

OCT 15 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ALM WHOLESALE CORP

Signature

Requested by: BA

10/14/20

Name

Date

Time

Walk-In

Will Pick Up



Art of Inc. File



LTD Partnership File



Foreign Corp. File



L.C. File



Fictitious Name File



Trade/Service Mark



Merger File



Art. of Amend. File



RA Resignation



Dissolution / Withdrawal



Annual Report / Reinstatement



Cert. Copy



Photo Copy



Certificate of Good Standing



Certificate of Status



Certificate of Fictitious Name



Corp Record Search



Officer Search



Fictitious Search



Fictitious Owner Search



Vehicle Search



Driving Record



UCC 1 or 3 File



UCC 11 Search



UCC 11 Retrieval



Courier

COVER LETTER

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

SUBJECT: ALM WHOLESALE CORP
(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: AMEL MILLER
Name (Printed or typed)

21291 ESCONDIDO WAYS
Address

BOCA RATON, FL 33433
City, State & Zip

561-558-6681
Daytime Telephone number

ALMWHOLESALECORP@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

TO WHOM IT MAY CONCERN,

I, ARIEL L MILLER, DO NOT INTEND TO REINSTATE ALM WHOLESALE CORP.
(DOCUMENT #P20000001652).

PLEASE RELEASE THIS COORP NAME FOR USE IN THIS THIS FILING.

PLEASE LET ME KNOW IF YOU HAVE ANY QUESTIONS.

ARI MILLER
561-558-6681

A handwritten signature in cursive script, appearing to read "Ariel Miller".

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: ALM WHOLESALERS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

21291 ESCONDIDO WAYS
BOCA RATON, FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL
BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ARIEL MILLER, P Name and Title: _____

Address 21291 ESCONDIDO WAYS Address: _____
BOCA RATON, FL 33433

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FL

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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: ANIEL MILLER

Address: 21291 ESCONDIDO WAY S
BOCA RATON, FL 33433

ARTICLE VII INCORPORATOR

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

Name: ANIEL MILLER

Address: 21291 ESCONDIDO WAY S
BOCA RATON, FL 33433

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.)

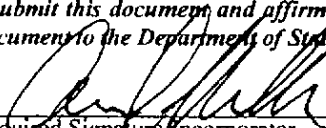
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10/14/20
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

10/14/20
Date

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TALLAHASSEE, FL

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