

P240000 719 39

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

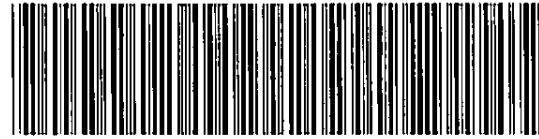
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Certified Copies _____

Certificates of Status _____

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FILED
2024 NOV 26 AM 7:11
CLERK OF STATE
ALLAHUSSEIN, FLORIDA

COVER LETTER

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

SUBJECT: Alto SPORTS, INC.
(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 checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Alto Lee Thomas, Jr.
Name (Printed or typed)
4910 N. Monroe St., Apt. H102
Address
Tallahassee, Florida 32303
City, State & Zip
850. 322. 4184
Daytime Telephone number
Alpj + j@yahoo.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: Alto SPORTS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4910 N Monroe St, Apt H102
Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To represent high school,
college, and professional athletes for profit.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alto Lee Thomas Jr. Name and Title: CEO

Address 4910 N. Monroe St. Address: _____
APT H102
Tallahassee, FL 32303

Name and Title: Laurel Beth Cate Name and Title: Secretary

Address 1841 Sweet View Way Address: _____
APT 123
Knoxville, TN 37931

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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:

Alto Lee Thomas Jr.

Address:

4910 N. Monroe St, Apt H102
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

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

Name:

Alto Lee Thomas Jr

Address:

4910 N. Monroe St, Apt H102
Tallahassee, FL 32303

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

Alto Lee Thomas Jr.

Required Signature/Registered Agent

11/26/2024

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.

Alto Lee Thomas Jr.

Required Signature/Incorporator

11/26/2024

Date

FILED
2024 NOV 26 AM 7:40
CLERK OF STATE
TALLAHASSEE, FLORIDA