

P97000046252

TRANSMITTAL LETTER

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

000001944100
-09/11/96--01016--003
****131.25 ****131.25

SUBJECT: ALUMINUM SYSTEMS INC
(Proposed corporate name - must include suffix)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAY 23 PM 3:20

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

W96-19160
705

FROM: ALUMINUM SYSTEMS, INC / ELIZABETH DUCHANE
Name (printed or typed)

PO BOX 1543

Address

LUTZ, FL 33548 - 1543

City, State & Zip

813 944-3947

Daytime Telephone number

5/23

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

May 22, 97

TO: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
SHARON TALA
409 E. GAINES ST.
TALLAHASSEE, FL 32399

FROM: ALLSTATE ALUMINUM, INC.
PO BOX 1543
LUTZ, FL 33548-1543

I am sending you a copy of the letter
Dated Sept 12, 199 from Kathy Hyman.
Please use the \$131.25 towards new articles
of incorporation for Allstate Aluminum, INC.
Thank you

Elizabeth P. Duchaine Pres.
ALLSTATE ALUMINUM, INC.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 12, 1996

ELIZABETH DUCHAINE
POST OFFICE BOX 1543
LUTZ, FL 33548-1543

SUBJECT: ALUMINUM SYSTEMS INC.
Ref. Number: W96000019160

We have received your document for ALUMINUM SYSTEMS INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6927.

Kathy Hyman
Document Specialist

Letter Number: 896A00042386

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAY 23 PM 3:38

ARTICLE I NAME

The name of the corporation shall be:

ALLSTATE ALUMINUM, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

PO BOX 1543
LUTZ, FL 33548-1543

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Elizabeth P. Duchaine
18203 Clearlake Drive
Lutz, FL 33549

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

PRESIDENT
ELIZABETH P. DUCHAINE
18203 Clearlake Drive
Lutz, FL 33549

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

22 day of MAY, 1997.

Elizabeth P. Duchaine
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: ALLSTATE ALUMINUM, INC

2. The name and address of the registered agent and office is:

ELIZABETH P. DUCHAINE
(Name)

18203 CLEARLAKE DR.
(P.O. Box not acceptable)

Lutz, Fl. 33549
(City/State/Zip)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAY 23 PM 3:20

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Elizabeth Duchaine
(Signature)

5-22-97
(Date)