

TESTIVE DATE	Re: _Alliso	Pauline , Inc.
Gentlemen:	EFFESTIVE DATE.	700023852570 -12/30/9701012008 ****122.50 ****122.50
Enclosed pleas	e find the original and	one copy of the Articles of Incorporation, together with my

check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours. Allison Pauline, Inc (Name of Corporation) MAILING ADDRESS OF CORPORATION 3986 W. Cattail Pond Circle Jacksonville, Fl. 32224 PHONE (904) 992-6905

Area Code

Seminole Form 215: Trans. Letter (0195)

Number



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 31, 1997

W. SCOTT PACETTI 3986 W CATTAIL POND CIR JACKSONVILLE, FL 32224

SUBJECT: ALLISON PAULINE, INC.

Ref. Number: W97000029003

We have received your document for ALLISON PAULINE, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

WE ARE NOT ABLE TO FILE ARTICLES THAT HAVE A FUTURE SIGNING DATE. THE DATE THAT WE NEED THERE (ON PAGE 2) MUST BE THE DATE THAT THE INCORPORATOR SIGNED THE PAPERS, OR THE APPROXIMATE DATE. IF YOU WOULD LIKE A JANUARY EFFECTIVE DATE, THAT NEEDS TO BE STATED IN YOUR ARTICLES.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of 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 (850) 487-6926.

Tracy Meyer Document Specialist

Letter Number: 597A00061081

January 20th, 1998

Tracy Meyer Document Specialist

Scott Pacetti's work number is (904) 824-8147 or (904) 269-3400 in the daytime hours. Allison Pauline, Inc.'s daytime phone number is (904) 354-4111 and other daytime number is (904) 992-6905. My address is 3986 W. Cattail Pond Circle, Jacksonville, Florida 32224.

Thank you for your time and consideration,

Allison Pauline

ARTICLES OF INCORPORATION

of

Allison Pauline, Inc.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

•		
ARTICL	E I - CORPORATE NAME	
The name of the corporation is:		97 SEC
Allison Pauline, Inc.		
ART This corporation shall exist perpetually unless disc	TCLE II - DURATION solved according to Florida law.	30 PM 12: 20 ARY OF STATE ASSEE, FLORIDA
ART	TICLE III - PURPOSE	
The corporation is organized for the purpose of en United States and the State of Florida.	gaging in any activities or business pe	rmitted under the laws of the
The corporation is authorized to issue500	INITIAL PRINCIPAL OFFICE	per share.
STREET ADDRESS		
3986 W. Cattail Pond Circle		
CITY Jacksonville	FLORIDA	ZIP 32224
Mailing address, if different		32224
STREET ADDRESS		
CITY	FLORIDA	770
A DETICAL EL TATEMAN		ZIP
	REGISTERED OFFICE AND AGE	
The street address of the initial registered offic	e and the name of the initial registe	red agent at the office is:
NAME W. Scott Pacetti	ing the state of t	
ADDRESS 3986 W. Cattail Pond Circle	·	
CITY	FI OPIDA	710

FLORIDA

<u>Jacksonville</u>

ZIP 32224

ARTICLE VII -	INITIAL.	ROARD	OFT	IRECTORS
1111111111111 Y 11 =				

This corporation shall have one (_either increased or diminished from time to time by the By addresses of the initial director(s) of the corporation are as	-Laws, but shall never be less than	number of directors may be one (1). The names and
NAME Allison_Pauline		
ADDRESS 3986 W. Cattail Pond Circle		
CITY Jacksonville	STATE Florida	ZIP 32224
NAME		-
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		-
CITY	STATE	ZIP
ADDRESS 3986 W. Cattail Pond Circle CITY Jacksonville NAME ADDRESS	STATE Florida	ZIP 32224
CITY	STATE	ZIP
NAME		•
ADDRESS	—	
CITY	STATE	ZIP
The undersigned incorporator(s) have executed these A day of	<u>-</u>	First / 98 (Signature)
_		(Signature)
		(Signature)

24.1.

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Allison Pauline, Inc.	and the second s	-
(name of corp	poration)	
Pursuant to Florida Statutes Sections 48.091 and 60	07.0501, the following is submitted:	
The above corporation, organized under the laws of		fice
as indicated in the Articles of Incorporation		1100
at 3986 W. Cattail Pond Circle		= 4:
Jacksonville, Fl. 32224		
has named W. Scott Pacetti	A., 1447	·
located at the aforesaid address, as its registered age	ent to accept service of process within this	3
state.		
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	SSE	3 =
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	MO.	उ ७
Having been named as registered agent and to accep	ot service of process for the above stated	š
corporation at the place designated in this certificate	e, I hereby accept the appointment as regis	3-
tered agent and agree to act in this capacity. I further		
statutes relating to the proper and complete perform		
and accept the obligations of my position as register	red agent.	
11/5/11/		
U.S. (Signature)	12-22-97 (Date)	<u>.</u>

FORM 215: CERTIFICATE OF DESIGNATION

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