

P99000001603

TRANSMITTAL LETTER

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

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-01/06/99--01057--011
*****78.75 *****78.75

SUBJECT: ALL County Investigation, Inc
(Proposed corporate name - must include suffix)

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 of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Barry Rosen
Name (Printed or typed)

480 SW 135 Terr
Address

Dawie FL 33325
City, State & Zip

954-647-4077
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JAN - 6 AM 9:46

FILED

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

OB
1-7-99
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: *All County Investigation, Inc*

ARTICLE II PRINCIPAL OFFICE

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

*480 SW 135 Terr
Davie FL 33325*

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

*Barry Rosen
480 SW 135 Terr
Davie FL 33325*

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

*Barry Rosen
480 SW 135 Terr
Davie FL 33325*

 *Barry Rosen*
Signature/Incorporator

12/16/98
Date

(An additional article must be added if an effective date is requested.)

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

 *Barry Rosen*
Signature/Registered Agent

12/16/98
Date

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TALLAHASSEE, FLORIDA