

P99000054037

TRANSMITTAL LETTER

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

EFFECTIVE DATE
6-11-99

300002903183--5
-06/14/99--01044--012
*****78.75 *****78.75

SUBJECT: ALLO CORPORATION.
(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

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

78.75

FROM:

ALLO CORPORATION

Name (printed or typed)

5727 HARBOR DRIVE WEST

Address

LAKELAND, FL 33809

City, State & Zip

941-858-1108

Daytime Telephone number

FILED
99 JUN 14 AM 9:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

B. BROCK JUN 15 1999

EFFECTIVE DATE
6-11-99

99 JUN 14 AM 9:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

ARTICLES OF INCORPORATION
OF
ALLO CORPORATION

THE UNDERSIGNED INCORPORATORS, 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 THIS CORPORATION SHALL BE:

ALLO CORPORATION

ARTICLE II - GENERAL NATURE OF BUSINESS

THE PRINCIPAL PLACE OF BUSINESS OF SAID CORPORATION SHALL
BE AT 5727 HARBOR DRIVE WEST, LAKE LAND, FLORIDA, WITH THE
PRIVILEGE OF HAVING BRANCH OFFICES AT ANY OTHER PLACE WITHIN
OR WITHOUT OF THE STATE OF FLORIDA.

ARTICLE IV – CAPITAL STOCK

THE TOTAL NUMBER OF SHARES OF CAPITAL STOCK WHICH MAY BE ISSUED BY THIS CORPORATION IS FIVE HUNDRED (500) SHARES.

ARTICLE V – DIRECTORS

THE CORPORATION SHALL HAVE TWO (2) DIRECTORS. THE NAME AND ADDRESSES OF THE DIRECTORS OF THIS CORPORATION WHO SHALL HOLD OFFICE SHALL BE:

ALFRED E. RATH

*5727 HARBOR DRIVE WEST
LAKELAND, FL 33809*

LOLA WILLIAMS

*POST OFFICE BOX 2252
LAKELAND, FL 33806*

ARTICLE VI – REGISTERED AGENT AND OFFICE

THE INITIAL STREET ADDRESS OF THE CORPORATION'S PRINCIPAL OFFICE AND REGISTERED OFFICE IS *5727 HARBOR DRIVE WEST, LAKELAND, FLORIDA 33809*, AND THE NAME OF ITS INITIAL REGISTERED AGENT AT SUCH ADDRESS IS *ALFRED E. RATH*.

ARTICLE VII – DATE OF CORPORATE EXISTENCE

THE DATE OF CORPORATE EXISTENCE SHALL BE THE DATE OF SUBSCRIPTION AND ACKNOWLEDGMENT, AS APPEARS ON THESE ARTICLES OF INCORPORATION.

IN WITNESS WHEREOF, I, *ALFRED E. RATH*, THE UNDERSIGNED
INCORPORATOR OF THIS CORPORATION HAVE EXECUTED THESE
ARTICLES OF INCORPORATION AT LAKELAND, FLORIDA ON THE 11th DAY
OF June, 1999.


ALFRED E. RATH

STATE OF FLORIDA

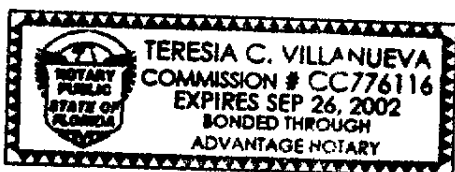
COUNTY OF POLK

I HEREBY CERTIFY THAT ON THIS DAY, BEFORE ME, AN OFFICER
AUTHORIZED IN THE STATE AND COUNTY NAMED ABOVE TO TAKE
ACKNOWLEDGMENTS, PERSONALLY APPEARED *ALFRED E. RATH* (DRIVERS
LICENSE NUMBER B300-005-13-135), KNOWN TO BE THE PERSON
DISCRIBED AS DIRECTOR AND WHO EXECUTED THE FOREGOING ARTICLES
OF INCORPORATION.

WITNESS MY HAND AND OFFICIAL SEAL IN THE COUNTY AND
STATE LAST AFORESAID, THIS 11th DAY OF June, 1999.


NOTARY PUBLIC

MY COMMISSION EXPIRES:



IN WITNESS WHEREOF, I, *LOLA WILLIAMS*, THE UNDERSIGNED
INCORPORATOR OF THIS CORPORATION HAVE EXECUTED THESE
ARTICLES OF INCORPORATION AT LAKE LAND, FLORIDA, ON THIS 11th
DAY OF June, 1999.


LOLA WILLIAMS

STATE OF FLORIDA

COUNTY OF POLK

I HEREBY CERTIFY THAT ON THIS DAY, BEFORE ME, AN OFFICER
AUTHORIZED IN THE STATE AND COUNTY NAMED ABOVE TO TAKE
ACKNOWLEDGMENTS, PERSONALLY APPEARED *LOLA WILLIAMS* (DRIVERS
LICENSE NUMBER W452-538-19-836⁰, KNOWN TO BE THE PERSON
DESCRIBED AS DIRECTOR AND WHO EXECUTED THE FOREGOING
ARTICLES OF INCORPORATION.

WITNESS MY HAND AND OFFICIAL SEAL IN THE COUNTY AND
STATE LAST AFORESAID, THIS 11th DAY OF June, 1999.


NOTARY PUBLIC

MY COMMISSION EXPIRES:



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.


ALFRED E. RATH
REGISTERED AGENT

June 11, 1999
DATE

FILED
99 JUN 14 AM 9:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA