

TRANSMITTAL LETTER

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

P 990000 74391

FILED  
99 AUG 16 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: ELLison Associates, Inc.  
(Proposed corporate name - must include suffix)

~~700002960957--8~~  
-08/16/99--01108--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

ADDITIONAL COPY REQUIRED

FROM: ALbert ELLison  
Name (Printed or typed)

6061 S.W. 19th  
Address

Miami FL 33155  
City, State & Zip

305-265-7835  
Daytime Telephone number

F. CHASSIN AUG 20 1999

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

## 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:

Ellison Associates, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

6061 S.W. 19 St.  
Miami FL 33155

### ARTICLE III SHARES

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

30 shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Albert Ellison  
6061 S.W. 19 St.  
Miami, FL 33155

### ARTICLE V INCORPORATOR

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

Albert Ellison  
6061 S.W. 19 St.  
Miami, FL 33155

Albert Ellison

Signature/Incorporator

Aug 13, 1999

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

Albert Ellison

Signature/Registered Agent

Aug 13, 1999

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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