TRANSMITTAL LETTER

P99000101883

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

000003048290--5 -11/18/99--01034--007

				******37。50 ******37
SUBJECT:			rate name - must include suf	OV 18 AM 10: 1 AHASSEE, FLORI
Enclosed is an	ı origin	al and one(1) copy of the article	es of incorporation and a	check for:
☐ \$70 Filing		□ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
F	FROM:	Jean Marie Name (Pr	TSTAE	
		6594 Gene	eva Stree	1
		Lake Wood	State & Zip	3467

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

(561) 432-

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:	Allied	Invest	ors Grov

ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:	SECR	99 NO	
6994 Geneva St.	HASSEE,	8 I A	<u> </u>
LAKE WORTH, ST 33467	OF S	AHI	Ë
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any or		 	-

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Jean Marie Israe |
694 Geneva Street
Lake Worth, Fl 33467

ARTICLE V INCORPORATOR

10

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

Jean Marie Israel 6594 Geneva Street Lake Worth, Fl 33467

Jean M. Incael
Signature/Incorporator

11/16

(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

Signature/Registered Agent

Date

INC.