

# FD0000026093

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. ALIAGA INC. (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_

- Walk in    
  Pick up time 2.00    
  Certified Copy  
 Mail out    
  Will wait    
  Photocopy    
  Certificate of Status

**FILED**  
 00 MAR 14 PM 2:29  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA  
**RECEIVED**  
 00 MAR 14 AM 10:52  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input checked="" type="checkbox"/>	Trademark
<input checked="" type="checkbox"/>	Other

*[Handwritten Signature]*

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 \*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

# ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of incorporation.

## ARTICLE I NAME

The name of the corporation shall be : **ALIAGA INC.**

## ARTICLE II PRINCIPAL OFFICE

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

**15695 S.W 82 CIRCLE LANE MIAMI, FL 33193**

## ARTICLE III SHARES

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

**Ten shares @ \$100.00 par value**

## ARTICLE IV INITIAL REGISTERED AGENT

The name and Florida address of the initial registered agent is :


**SILVIA ALIAGA 15695 S.W 82 CIRCLE LANE MIAMI, FL 33193**

## ARTICLE V INCORPORATOR(S)

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

**SILVIA ALIAGA (PRESIDENT) 15695 S.W 82 CIRCLE LANE MIAMI, FL 33193**

**JULIO A. ALIAGA (VICE-PRESIDENT) 15695 S.W 82 CIRCLE LANE MIAMI, FL 33193**

  
\_\_\_\_\_  
Signature / Incorporator

3-12-00

Date

  
\_\_\_\_\_  
Signature / Incorporator

3-12-00

Date

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

3-12-00

Date

00 MAR 14 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED