## P010000039301

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 01 MAR 19 PM 4: 53

SECRETARY OF STATE TALLAHASSEE FLORIDA

	- ·			
SUBJECT:	ALPHA - LIFE (PROPOSED CORPORA)		TING GROUP I	T. N.
Enclosed is an orig	ginal and one(1) copy of the article	es of incorporation and a	600003877656 -03/19/0101117- *****87.50 **** check for:	3 <u>-</u> -008 *87.
☐ \$70.00 Filing Fee	\$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	
FROI	M: AGUSTIA Name (Pr	A COS	TA	:
	1261 S.W. 1	04 PASSAGI	E UNIT 202	
	MIAMI FL	33 1 7 4	<u></u>	
	•	2-0507	·	

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

Daytime Telephone number

Domy Dr

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME	FILED
The name of the commention shall be	· · · · · · · · · · · · · · · · · · ·
ALPHA - LIFE MARKETING  ARTICLE II PRINCIPAL OFFICE	GRECHIARY OF STATE
The principal place of business/mailing address is:	
1261 S.W. 104 PASSAGE, UNIT 202	, MIAMI FL 33174
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	·
MARKETING VITAMIN AND HEAD	LTH PRODUCTS,
ARTICLE IV SHARES The number of shares of stock is:	na na kanana na manana na mana Na manana na manana n
100 (ONE HUNDRE	0)
ARTICLE V INITIAL OFFICERS DIRECTORS (ontional)	
I ne name(s) and address(es).	1 2- 1/2 ( 22-
AGUSTIN ACOSTA 1261 SW 104 PASSAGE	WIT 202 NIHMI PL 33179
ARNALDO ARIAS 9850 NW 52 TERRACE	MIAMI FL 33178
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:	a campana was
$\Lambda$ $\Lambda$	
TGUSTIN ACOSTA	a Mian Thank
1261 SW. 104 PASSAGE UNIT 20	11/14MI PL 33/14
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:	1-
ARNALDO ARIAS	
9850 NW 52 TERRACE MIAMI	
**************************************	*******
certificate, I am familiar with and accept the appointment as registered agent and agree to act i	ruion at the place designated in this In this capacity
Alles Ta	3-12 01
Signature/Registered Agent	Date
	. / /
Sidestro Much	3/12/01
Signature/Incorporator	Date /