

P04000116219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

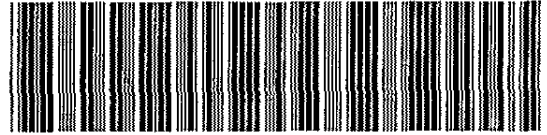
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRET
DIVISION OF CORPORATIONS
04 AUG -10 AM 11:01

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

95562-40

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

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

1. ALPHA MANAGEMENT, 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

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

04 AUG -10 AM 11:01
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Examiner's Initials

C3058-1082

**ARTICLES OF INCORPORATION
OF**

ALPHA GROUP MANAGEMENT INC.

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

ARTICLE I NAME

The name of the corporation shall be:

ALPHA GROUP MANAGEMENT INC.

ARTICLE II PRINCIPAL OFFICE

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

**15033 ARBOR RESERVE CIR # 302
TAMPA, FL 33624.**

ARTICLE III CAPITAL STOCK

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

50 SHARES - \$ 10.00 PAR VALUE.

04 AUG -10 AM 11:01

SECRETARY
DIVISION

**ARTICLE IV
INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**TOMASZ KOPCZYNSKI
15033 ARBOR RESERVE CIR # 302 TAMPA , FL 33624.**

ARTICLE V INCORPORATION

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

**TOMASZ KOPCZYNSKI 15033 ARBOR RESERVE CIR # 302
TAMPA, FL 33624.**

The undersigned incorporator(s) has (have) executed these Articles of Incorporation

 25 day of JULY . 2004.

Signature: _____



TOMASZ KOPCZYNSKI

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501. Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the incorporation is :

ALPHA GROUP MANAGEMENT INC.

2. The name and address of the registered agent and office is;

name: **TOMASZ KOPCZYNSKI.**

address: **15033 ARBOR RESERVE CIR # 302**

TAMPA, FL 33624.

04 AUG -10 10:11:01

SECTION OF THE
DIVISION OF CORPORATE
REGISTRATION

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 AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature: 
TOMASZ KOPCZYNSKI.

Date: **JULY 25,2004.**