

P14000079838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

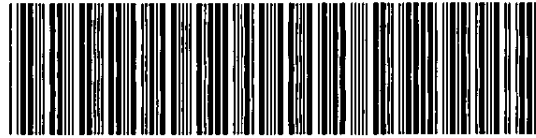
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/26/14--01006--012 **78.75

RECEIVED

14 SEP 26 AM 11:07

DIVISION OF CORPORATION

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14 SEP 26 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/29/14

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP:

9-26-14



CERTIFIED COPY



PHOTOCOPY



CUS



FILING

Inc

1.

The Alfa Omega Financial Group, Inc.
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

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

SUBJECT: **THE ALFA OMEGA FINANCIAL GROUP, INC.**
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: **THOMAS BELLO**
Name (Printed or typed)
1715 Lee Janzen Drive
Address
Kissimmee, FL 34744
City, State & Zip
(407) 489-4697
Daytime Telephone number
thomasbellosr@gmail.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: THE ALFA OMEGA FINANCIAL GROUP, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

1715 Lee Janzen Drive
Kissimmee, FL 34744

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Insurance Sales

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas Bello- President

Address: 1715 Lee Janzen Drive
Kissimmee, FL 34744

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

(cont.)

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Thomas Bello
Address: 1715 Lee Janzen Drive
Kissimmee, FL 34744

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Thomas Bello
Address: 1715 Lee Janzen Drive
Kissimmee, FL 34744

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Thomas Bello
Required Signature/Registered Agent

9/17/14
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §817.155, F.S.

Thomas Bello
Required Signature/Incorporator

9/17/14
Date

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TALLAHASSEE, FLORIDA