

P210 Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : SORSHER & ASSOCIATES, LLC.  
Account Number : I20170000056  
Phone : (954)842-2931  
Fax Number : (954)842-2936

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED  
2021 NOV 10 PM 3:00

**FLORIDA PROFIT/NON PROFIT CORPORATION  
ALPHA AUGMENTED SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

### COVER LETTER

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

**SUBJECT:** ALPHA AUGMENTED SERVICES, 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     \$78.75  
Filing Fee    Filing Fee  
                  & Certificate of Status

\$78.75     \$87.50  
Filing Fee    Filing Fee,  
& Certified Copy    Certified Copy  
                                  & Certificate of  
                                  Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** ROSSETTI, MASSIMO  
Name (Printed or typed)

800 BRICKELL AVE., 4TH FLOOR  
Address

MIAMI, FL 33131  
City, State & Zip

(305)930-4736  
Daytime Telephone number

massimo@alphaaugmented.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: ALPHA AUGMENTED SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

800 BRICKELL AVE., 4TH FLOOR

800 BRICKELL AVE., 4TH FLOOR

MIAMI, FL 33131

MIAMI, FL 33131

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ROSSETTI, MASSIMO - P

Name and Title: \_\_\_\_\_

Address 800 BRICKELL AVE., 4TH FLOOR

Address: \_\_\_\_\_

MIAMI, FL 33131

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

2021 NOV 10 PM 4:15  
SORSHER & ASSOCIATES

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: ROSSETTI, MASSIMO

Address: 800 BRICKELL AVE., 4TH FLOOR  
MIAMI, FL 33131

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ROSSETTI, MASSIMO

Address: 800 BRICKELL AVE., 4TH FLOOR  
MIAMI, FL 33131

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 9) days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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:*

Massimo Rossetti 11/10/2021

Required Signature/Registered Agent 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 s.817.155, F.S.*

Massimo Rossetti 11/10/2021

Required Signature/Incorporator Date

11/10/2021 01:44 PM FAX 9548422936