

P21000105023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

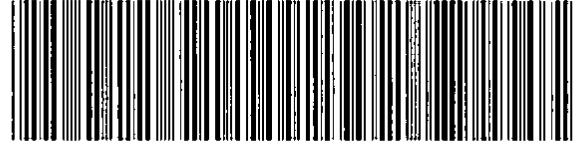
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300376920813

RECEIVED
FILED
2021 DEC 21 AM 9:26
TALLAHASSEE, FL
SECRETARY OF STATE

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 342894 7634212

AUTHORIZATION : 

COST LIMIT : \$ 70.00

ORDER DATE : December 21, 2021

ORDER TIME : 10:42 AM

ORDER NO. : 342894-005

CUSTOMER NO: 7634212

DOMESTIC FILING

NAME: ALINFO CORP.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: _____

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: ALINFO CORP.

ARTICLE II PRINCIPAL OFFICE
Principal street address

40 SW 13TH STREET SUITE 802
MIAMI, FL, 33130

Mailing address, if different is:

40 SW 13TH STREET SUITE 802
MIAMI, FL, 33130

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: any lawful purpose

ARTICLE IV SHARES
The number of shares of stock is: 1,000 shares of \$1.00 each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANNA CAROLINA L. A. FERREIRA
Address: 40 SW 13th Street Suite 802
Miami, FL, 33130

D/S/T
Name and Title: PEDRO HENRIQUE L. ARANHA
Address: 40 SW 13th Street Suite 802
Miami, FL, 33130

Name and Title: FABIANO RAMOS FERREIRA
Address: 40 SW 13th Street Suite 802
Miami, FL, 33130

D/V/P
Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

2021 DEC 21 AM 9:36

FILED

-D/P

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: Dymax International Services Inc.
Address: 40 SW 13th Street Suite 802
Miami, FL, 33130

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANNA CAROLINA L. A. FERREIRA
Address: 40 SW 13th Street Suite 802
Miami, FL, 33130

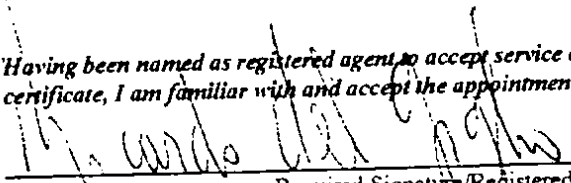
ARTICLE VIII EFFECTIVE DATE:

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 90 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.

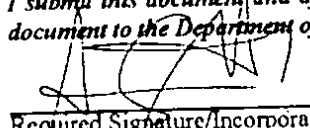
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

12/17/2021

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.


Required Signature/Incorporator

12/17/2021

Date

FILED
2021 DEC 21 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FL