

From: 01/20/16 11:31 AM 003 03  
**P/16000007373**

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

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (888)692-9256

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

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
ALBA TRANS SOLUTIONS INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

*Handwritten signature and date: 01/27/16*

RECEIVED  
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DIVISION OF CORPORATIONS  
16 JAN 26 AM 11:51

From;

\* 01/26/2016 11:33 #151 P.002/003

**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: Alba Trans Solutions Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

11760 Fitchwood Circle  
Jacksonville, FL 32258

Mailing address, if different is:

11760 Fitchwood Circle  
Jacksonville, FL 32258

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in any lawful act or activity for  
which corporations may be organized.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Skerdi Berdica/President

Address: 11760 Fitchwood Circle  
Jacksonville, FL 32258

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

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

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

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

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

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

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

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(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: Skerdi Berdica  
 Address: 11760 Fitchwood Circle  
Jacksonville, FL 32258

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Skerdi Berdica  
 Address: 11760 Fitchwood Circle  
Jacksonville, FL 32258

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

1-22-16  
 \_\_\_\_\_  
 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.817.153, F.S.

  
 \_\_\_\_\_  
 Required Signature/Incorporator

1-22-16  
 \_\_\_\_\_  
 Date

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