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Florida Department of State
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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
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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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 NAMEThe 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 FLOOR800 BRICKELL AVE., 4TH FLOORMIAMI, FL 33131MIAMI, 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:

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

ARTICLE VI REGISTERED AGENTThe 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 INCORPORATORThe 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 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.

<u>Massimo Rossetti</u>	<u>11/10/2021</u>
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.

<u>Massimo Rossetti</u>	<u>11/10/2021</u>
Required Signature/Incorporator	Date