

FO1000004061

TO: Registration Section
Division of Corporations

SUBJECT: AlphaCorp Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Frances L. Moore
(Name of Person)

AlphaCorp Inc.
(Firm/Company)

P.O. Box 1851
(Address)

Deland, FL 32721-1851
(City/State and Zip code)

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*****70.00 *****70.00

For further information concerning this matter, please call:

301-15373

Frances Moore at (386) 734-8141
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee & Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 5, 2001

FRANCES L MOORE
PO BOX 1851
DELAND, FL 32721-1851

SUBJECT: ALPHACORP, INC.
Ref. Number: W01000015373

We have received your document for ALPHACORP, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Michael Mays
Document Specialist

Letter Number: 601A00039869

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TALLAHASSEE, FLORIDA

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned FRANCES L. MOORE, do hereby certify
(Name)

that this Resolution of the Board of Directors of ALPHACORP, INC

(Corporate Name)

a corporation duly organized and existing under the laws of the State of DELAWARE,

was duly adopted on NOVEMBER 3, 2000

Be it resolved, that ALPHACORP, INC
(Corporate Name)

organized and existing in the State of DELAWARE, hereby adopts the name

ALPHACORPSON, INC for use in Florida

Dated: 7-25-2001

Frances L. Moore, Pres.
Signature of either Chairman, Vice Chairman or any officer

FRANCES L. MOORE,
Type or print name

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Alphacorp, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware 3. 59-3688194
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Nov. 3, 2000 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Jan. 2001
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 107 W. Wisconsin Ave Unit 12 Deland, FL 32727
(Principal office address)
P.O. Box 1851, Deland, FL 32721
(Current mailing address)
8. real estate
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Frances Moore
Office Address: 1404 Ninth Ave.
Mt. Dora, Florida 32756
(City) (Zip code)

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TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Frances X. Moore
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: FRANCES MOORE

Address: _____

Vice Chairman: KELLY MOORE

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: FRANCES MOORE

Address: P.O. Box 244, MT. DORA, FL. 32758 (Physical - 1404 9th Ave)
MT. DORA, FL.

Vice President: _____

Address: _____

Secretary: KELLY MOORE

Address: P.O. Box 244, MT. DORA, FL. 32756

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Frances L. Moore

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. FRANCES L. MOORE, PRES

(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALPHACORP INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF JUNE, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALPHACORP INC." WAS INCORPORATED ON THE THIRD DAY OF NOVEMBER, A.D. 2000.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1170030

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DATE: 06-04-01