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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
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Office Use Only



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SECRETARY OF STATE



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#### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Alpha Beta 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," or "Certificate of Good Standing" 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:
ITZHAK ASHKENOZ.  Name of Person
Name of Person
Alpha Beta In
Firm/Company
Name of Person  Alpha Beta Inc  Firm/Company  11784 U Fair Oaks SHoping CTR  Address
Address
City/State and Zip code  Piul 1996 Grail. Com  E-mail address: (to be used for future annual report notification)
City/State and Zip code
Airlegga Gmuil. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
17211AK ASAKONAZI at (310) 6896019
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filing 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 & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee,  Certificate of Status Certified Copy Certified Copy



October 1, 2014

ITZHAK ASHKENAZI 548 MARY ESTHER CUTOFF PMD 390 FORT WALTON BEACH, FL 32548

SUBJECT: ALPHA BETA INC Ref. Number: W14000059751

We have received your document for ALPHA BETA INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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) 245-6052.

Letter Number: 214A00020945

Valerie Herring Regulatory Specialist II New Filing Section

www.sunbiz.org

Division of Compactions D.O. DOV 6997 Tollahanas Florida 2991

## 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Alphu Beta Beauty Inc (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Vir.Ginia
(State or country under the law of which it is incorporated)

3. Ein 47/132530
(FEI number, if applicable) 4. 06 | 18 | 20 | 19 | 5. Perpetual (Duration: Year corp. will cease to exist or Definetual Princetual Princet (Date first transacted business in Florida, if prior to registration) 7. 300 mary Esther Blvd T43 FL 32569

(Principal office address)

548 mary Esther cutoff pmd 390, Fortwalton boach, FL (Current mailing address)

32548 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 548 mary Esther cutoff pmd 390

Fort wulton beach , Florida 32548

(City) (Zip code) Office Address:

#### 9. 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.

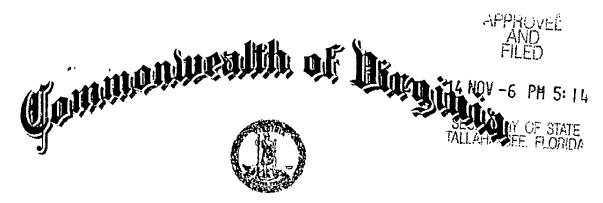
(Registered agent's signature)

10. 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.



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

A. DIRECTORS	14 NOV -6 PM 5: 14
Chairman: ITZHAK ASHKENAZ'	
Address: 548 Mary Esther cyfott pmd390	SECRETAIN OF STATE TAILAHASSEE FLORIDA
Fort walton Beach 32548 FL	
Vice Chairman: ITZHAK ASHRPNOZI	
Address: 548 Mary Esther cutoff pmd 390	
fort walton Beach FL 32548	
Director: ITZHAK HSHKMAZI	
Address: 548 mary Esther cafett pmd 390	
fort walton Beach FL 32548	
Director: I T217AK PSHKENOZ'	
Address: 548 mary Esther For Cut off And 39	90
fort Walton Brock FL 32548	
B. OFFICERS	
President: ITZHAK ASHRENOZi	
Address: 548 mary Fsther cutoff pml 390	
Fort Walton Brach FL 32548	<u></u>
Vice President: IT2HAR ASHKENAZI	· · · · · · · · · · · · · · · · · · ·
Address: 548 Mary Esther Cutoff PM 370	
fort walton Beach FL 32548	····
Secretary: IT2HK PSHKeNAZI	1 1 //
Address: 548 Mary Fsthy Cutoff pmil 390	fort walton Beach + L 3254
Treasurer: ITZHAK PSHKENAZI	11 1 5(0) 5 0
Address: 548 may Fether cytoff pml 390 tost w	altown Beach 7 L 32348
NOTE: If necessary you may attach an addendum to the application listing additional of	officers and/or directors.
12. Hill	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affi are true and that he or she is aware that false information submitted in a document to the a third degree felony as provided for in s.817.155, F.S.	
13. ITZAAR ASHKENAZI	
(Typed or printed name and capacity of person signing application	on)



### STATE CORPORATION COMMISSION

Richmond, June 18, 2014

This is to certify that the certificate of incorporation of ALPHA BETA, INC.

was this day issued and admitted to record in this office and that the said corporation is authorized to transact its business subject to all Virginia laws applicable to the corporation and its business. Effective date: June 18, 2014



State Corporation Commission Attest:

Joel H. Veck Clerk of the Commission