

P01000011205

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

100003589481--4
-01/29/01--01018--015
*****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ALBA INCORPORATED
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in
 Pick up time 2-06
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

RECEIVED
 01 JAN 29 AM 10:24
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
 01 JAN 30 PM 3:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[Handwritten Signature]

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 29, 2001

LAZARUS

MIAMI, FL

SUBJECT: ALBA INCORPORATED
Ref. Number: W01000002119

We have received your document for ALBA INCORPORATED. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the 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) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 501A00005179

RECEIVED
01 JAN 30 PM 3:12
DIVISION OF CORPORATIONS

**ARTICLES OF CORPORATION
OF**

ALBAN INCORPORATED

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I
NAME**

The name of the corporation shall be:

ALBAN INCORPORATED

FILED
01 JAN 30 PM 3:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**ARTICLE II
PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be

Annex # 17, 9909 Collins Avenue, Bal Harbour . FL 33154

**ARTICLE III
SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares

**ARTICLE IV
INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

SAIMIR, KOTORRI
Annex # 17,
9909 Collins Avenue,
Bal Harbour . Florida 33154.

**ARTICLE V
INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Article of Incorporation is (are):

SAIMIR, KOTORRI
Annex # 17,
9909 Collins Avenue,
Bal Harbour . Florida 33154.

**ARTICLE VI
INDEMNIFICATION**

The corporation shall indemnify all officers and directors, and former officers and directors, to the full extent permitted by law as the law now exists or may be amended hereafter.

The undersigned has (have) executed these Articles of Incorporation this ___ day of November, 2000.

Saimir Kotorri
SAIMIR KOTORRI
Incorporator *Saimir*

ACCEPTANCE BY REGISTERED AGENT

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Saimir Kotorri
SAIMIR, KOTORRI
Incorporator
Registered Agent

STATE OF FLORIDA
COUNTY OF DADE

before me, a Notary Public authorized to take acknowledgements in the state and count set forth above personally appeared

SAIMIR KOTORRI

known to me and know to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS HEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, this ___ day of _____, 2000.

FILED
01 JAN 30 PM 3:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA