PO2 ORANMITAL LETTER

02 DEC 16 PM 12: 44

Department of State Ι P

Division of Corporat P. O. Box 6327	ions			
Tallahassee, FL 323	14	E	0000083574 -10/14/020 ******88.80	
SUBJECT: A	Pha Enter Drie	365 Inc. TENAME-MUSTINCLI		
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Barbara Wilson Name (Printed or typed) 7667 West Sample Road # 170				
-	ρ	Address in 45, FL 330		
,	954-418-			

NOTE: Please provide the original and one copy of the articles.

D. WHITE DEC 17 2002



RECEIVED
02 DEC 16 AM 7: 40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

October 15, 2002

BARBARA WILSON 7667 W SAMPLE RD #170 CORAL SPRINGS, FL 33065

SUBJECT: ALPHA ENTERPRISES, INC.

Ref. Number: W02000029729

We have received your document for ALPHA ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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) 245-6933.

Dale White Document Specialist New Filings Section

Letter Number: 102A00057474

ARTICLE I	NAME		02 DEC 16 PM 12: 44	
The name of the	corporation shall be:		_	
		Alpha	Appliance Repair, II	<u> </u>
ARTICLE II	PRINCIPAL OFFICE	المرابع المستعدد	C. Cample Road	
The principal pla	ce of business/mailing addres	G.: 10 1710	.St Sample Road	
		Coral Spr	ings, FL 33065	
ARTICLE III	<u>PURPOSE</u>			
The purpose for	which the corporation is org	ALpha A	topliance Repair, I	n
ARTICLE IV_	SHARES			
The number of sl	hares of stock is:			
	100		-	
ARTICLE V	INITIAL OFFICERS/L	ORECTORS (option	al)	
	dress(es) and title(s):			
1	barbara Wils 1667 West Sa	SON ,		
٢	1667 West Sa	mple Koad		
6	Suite 170	T. 2021 T		
(loral Springs,	M-35065		
ARTICLE VI	REGISTERED AG			
	lorida street address of the			
	Barbara Wilson	Pre Road		
	Suffer Florings	, FL 33065		
ARTICLE VII				s
The name and a	ddress of the Incorporator is	:		
•	Boroara Wils 1667 West Sar	uple Road		
*****	Switch Sering	S.FL 33015	************	*
Having been name	d as registered agent to accept sei niljar with and accept the appoint	rvice of process for the above	e stated corporation at the place designated in th	is
cerujicate, i am jai	nitur with and accept the appoint	mem as registereu agem ama 	agree to act in this cupacity	
	(9) Wilson	1	10-9-03	
Signa	ture/Registered Agent		Date	
	Wilson)	10-9-02	
Signa	ure/Incorporator		Date	

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE ... TALLAHASSEE, FLORIDA