

P03000002240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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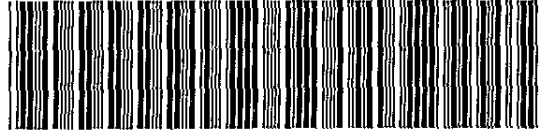
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** ALROP, 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  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Al Ropfogel

Name (Printed or typed)

5850 Pelican Bay Blvd. Apartment C

Address

Naples, FL 34108

City, State & Zip

(239) 597-2219

Daytime Telephone number

**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 NAME**

The name of the corporation shall be:

ALROP, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

5850 Pelican Bay Blvd. Apartment C, Naples, FL 34108

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

All lawful purposes.

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Albert Ropfogel, 5850 Pelican Bay Blvd. Apartment C, Naples, FL 34108, President

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

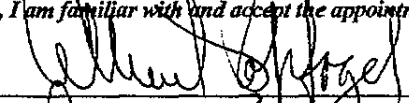
Albert Ropfogel, 5850 Pelican Bay Blvd. Apartment C, Naples, FL 34108

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Albert Ropfogel, 5850 Pelican Bay Blvd. Apartment C, Naples, FL 34108

\*\*\*\*\*  
*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*

  
\_\_\_\_\_  
Signature/Registered Agent

1-3-03  
Date

  
\_\_\_\_\_  
Signature/Incorporator

1-3-03  
Date

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STATE  
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