Division of Corporations

# 03000079000

## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696

## FLORIDA PROFIT CORPORATION OR P.A.

aly solutions, inc.

Certificate of Status	0
Certified Copy	1
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7/17/03 2-24 PM 10L-17-2003 14:31

#### ARTICLES OF INCORPORATION OF



Aly Solutions, Inc. a Florida Corporation

#### ARTICLE I: NAME

The name of this corporation is:

Aly Solutions, Inc.

93 JUL 17 PM 4: 03
SECRETARY OF STATE
TALLAHASSEE, FLORID

#### ARTICLE II: DURATION

This corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida.

#### ARTICLE III: PURPOSE

The corporation is organized for the purpose of transacting any and all business permitted under the laws of the United States and of the State of Florida.

#### ARTICLE IV: CAPITAL STOCK

This corporation is authorized to issue sixty (60) shares of NO PAR VALUE common stock, which shall be designated "Common Stock".

Prepared by: Jesus F. Bujan, Esquire

782 N.W. Lejeune Road, Suite 530

Miami, Florida 33126

(305) 442-1439

Florida Bar No. 401560

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#### ARTICLE V: PREEMPTIVE RIGHTS

Every shareholders, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rate share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

### ARTICLE VI: INTIAL REGISTERED OFFICE AND AGENT

The street address of the principal office / registerd office.

1701 Treasure Drive, #3 North Bay Village, FL 33141

The name of the initial registered agent of this corporation is:

#### Alicia Lazarte

#### ARTICLE VII: INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director(s), initially. The number of directors may be either increased or diminished from time to time by the bylaws but shall never be less than one (1). The name(s) and address(es) of the initial director(s) of this corporation is (are):

Alicia Lazarte

1701 Treasure Drive

#3

North Bay Village, FL 33141

#### ARTICLE VIII: INDEMNIFICATION

The corporation shall indemnify any officer or director, or any formal officer or director, to the full extent permitted by law.

#### ARTICLE IX: INCORPORATORS

The name and address of the person(s) signing these articles of incorporation is (are):

Alicia Lazarte

1701 Treasure Drive

#3

North Bay Village, FL 33141

IN WITNESS WHEREOF, the undersigned subscriber(s) has (have) executed these Articles of Incorporation this 7 day of

\_\_\_\_. 2903

STATE OF FLORIDA COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared Alicia Lazarte known to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and acknowledged before me that he/she executed the same for the purposes therein expressed.

The foregoing instrument was acknowledged before me on this 5 day of July, 2003 by Alicia Lazarte who is personally known to me or who has produced flow at 10 as identification and who did take an oath.

Notary Public, State of Florida My Commission Expires:

OFFICIAL NOTARY SEAL
JESUS F BUJAN
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC958201
MY COMMISSION EXP. IUNE 28,7884

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA, NAMING AGENT UPON WHOM SERVICE OF PROCESS MAY BE EFFECTIVE

IN COMPLIANCE with Section 607.034 of the Florida Statutes, the following is submitted:

Aly Solutions, Inc.,

desiring to organize or qualify under the laws of the State of Florida, with its principal place of business in the City of Miami, County of Miami-Dade. State of Florida, has named:

#### Alicia Lazarte

as its agent to accept service of process within the State of Florida, with the registered address as:

1701 Treasure Drive #3 North Bay Village, FL 33141

**ACKNOWLEDGMENTS** 

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE MENTIONED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY. AND FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

DATED: THIS 7 DAY OF

REGISTERED AGENT

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