P03000123826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Alto Laundry Systems

✓ Art of Inc. File_____
_____ LTD Partnership File_____
_____ Foreign Corp. File_____
_____ L.C. File_____
_____ Fictitious Name File_____
_____ Trade/Service Mark_____
_____ Merger File_____
_____ Art. of Amend. File_____
_____ RA Resignation_____
_____ Dissolution / Withdrawal_____
✓ Annual Report / Reinstatement_____
✓ Cert. Copy_____
_____ Photo Copy_____
_____ Certificate of Good Standing_____
_____ Certificate of Status_____
_____ Certificate of Fictitious Name_____
_____ Corp Record Search_____
_____ Officer Search_____
_____ Fictitious Search_____
_____ Fictitious Owner Search_____
_____ Vehicle Search_____
_____ Driving Record_____
_____ UCC 1 or 3 File_____
_____ UCC 11 Search_____
_____ UCC 11 Retrieval_____
_____ Courier_____

Signature

Requested by: JW 11/3 _____
Name Date Time

Walk-In _____ Will Pick Up _____

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:

Alto Laundry Systems, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

9183 August Circle
St. Augustine, FL 32080

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of the State of Florida other than banking business, the trust company business, or the practice of a profession permitted to be incorporated by the State of Florida.Corporation Codes.

ARTICLE IV SHARES

The number of shares of stock is:

100,000 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Michael A. Oliva
9183 August Circle
St. Augustine, FL 32080

ARTICLE VI REGISTERED AGENT

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

Michael A. Oliva
9183 August Circle
St. Augustine, FL 32080

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael A. Oliva
9183 August Circle
St. Augustine, FL 32080

****

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 — 10-31-03 Date

Signature/Incorporator — 10-31-03 Date