

PD4000034678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

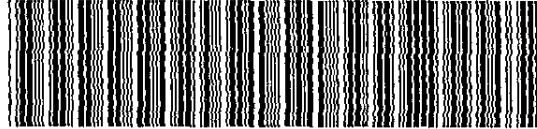
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2004 FEB 18 P 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Alpha Systems GP 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: Alpha systems GP INC.  
Name (Printed or typed)

1857 wells Rd. St. 214  
Address

Orange Park FL 32073  
City, State & Zip

904-269-3601  
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:

Alpha Systems GP Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1857 Wells Rd. St. 214  
Orange Park FL. 32073

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Profit

## ARTICLE IV SHARES

The number of shares of stock is:

1000 \$1.00 A Per

50% Amy Taylor  
50% Linda Johnson

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Amy Taylor 6967 Solomon Rd. Jax. FL. 32234  
Linda Johnson 7162 Firefly Dr. Jax. FL. 32224

## ARTICLE VI REGISTERED AGENT

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

Amy Taylor 6967 Solomon Rd. Jax. FL. 32234


## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Amy Taylor 6967 Solomon Rd. Jax. FL. 32234

\*\*\*\*\*

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

  
Date

  
Signature/Incorporator

  
Date