

PD4000051980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

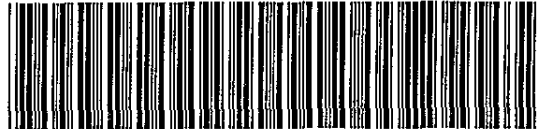
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2004 MAR 24 P 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: ALPAINTING, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: HECTOR FABIAN ALPA
Name (Printed or typed)

2899 COLLINS AV UNIT #544
Address

MIAMI BEACH FL 33140
City, State & Zip

786 3577816
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 4, 2004

HECTOR FABIAN AL PA
2899 COLLINS AVE UNIT 544
MIAMI BCH, FL 33140
3/4/04 ALPA PAINTING FLORIDA
SUBJECT: AL PAINTING. INC
Ref. Number: W04000008806

We have received your document for AL PAINTING. INC and your check(s) totaling \$78.75. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Complete the addresses where indicated by an arrow.

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: 204A00014489



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

RECEIVED

MAR 24 PM 12:00
DEPAR
DIVISION
TALLA

March 17, 2004

HECTOR FABIAN ALPA
2899 COLLINS AVE UNIT 544
MIAMI BCH, FL 33140

2ND LETTER

SUBJECT: AL PAINTING. INC
Ref. Number: W04000008806

You failed to make the correction(s) requested in our previous letter.

You indicated in our telephone conversation of March 9 the name you wanted was ALPA PAINTING OF FLORIDA, INC.

PLEASE put the address of the REGISTERED AGENT AND THE INCORPORATOR. The application must be complete according to Florida Statute 607.0202.

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: 204A00014489

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 PAINTING OF FLORIDA, INC.

2899 COLLINS AVE # 544
MIAMI BEACH FL 33140

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2899 COLLINS AVE # 544
MIAMI BEACH FLORIDA 33140

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PAINTING WORK

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):

HECTOR FABIAN ALPIS
2899 COLLINS AVE # 544
MIAMI BEACH FL 33140

ARTICLE VI REGISTERED AGENT

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

HECTOR FABIAN ALPIS
2899 COLLINS AVE # 544
MIAMI BEACH FL 33140

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

HECTOR FABIAN ALPIS
2899 COLLINS AVE # 544
MIAMI BEACH FL 33140

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

03-21-04
Date


Signature/Incorporator

03-21-04
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 MAR 24 P 4: 37

FILED