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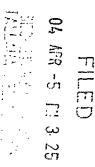
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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44.9

TRANSMITTAL LETTER

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

SUBJECT: ALTE	ERNA PLUMBING SUPPLIE			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti-	cles of incorporation and	a check for:	
_				
□ \$70.00	□ \$78.75	□ \$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
FROM: G	ABRIEL A. POU			
	Name	(Printed or typed)	· · · · · · · · · · · · · · · · · · ·	
10502 NW 134 STREET				
-	A	Address		
	HIALEAH GARDENS, FL 3	3018		
-	City,	State & Zip		
	(305)819-5010 EXT. # 203			
-	<u>_</u>	elephone number	<u> </u>	

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



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

ARTICLE I NAME

The name of the corporation shall be: ALTERNA PLUMBING SUPPLIES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 10502 NW 134 STREET HIALEAH GARDENS, FL 33018

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: NEW BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

GABRIEL A. POU 10502 NW 134 STREET, HIALEAH GARDENS, FL 33018 PRESIDENT GABRIEL H. POU 794 CRANDON BLVD. KEY BISCAYNE, FL SECRETARY ANTONIO J. POU 8422 NW 168TH TERRACE, MIAMI LAKES, FL 33016 TREASURER

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> of the registered agent is:

GABRIEL A. POU 10502 NW 134 STREET, H. GARDENS, FL 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GABRIEL A. POU 10502 NW 134 STREET, H. GARDENS, FL 330)18	
Λ		
******	****************	
Having been named as registered agent to accept service of process for th	e above stated corporation at the place designated in this	
certificate I am fapilliar with and accept the appointment as registered agent and agree to act in this capacity		
X Aass I the	4.2.04	
Signature/Registered/Agent	Date	
(/ Yay his / July /	4.2.04	
Signature/Incorporator	Date	