

P04000064404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

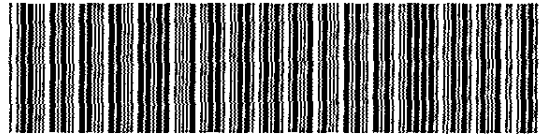
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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LB 4/19

## TRANSMITTAL LETTER

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

SUBJECT: ALPHA WIPING CLOTH, CORP.

(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:

NOEL A. LAZO

Name (Printed or typed)

9400 S.W. 54 STREET

Address

MIAMI FLORIDA, 33165

City, State & Zip

786-325-2538

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 WIPING CLOTH CORP

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3787 NW 46 STREET, HIALEAH FLORIDA 33142

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WHOLESALE RAGS

### 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):

ADAIL HERNANDEZ (PRESIDENT)

2221 SW 62 CT

MIAMI FL, 33155

NOEL A. LAZO (VICE-PRESIDENT)

9400 SW 54 STREET

MIAMI FL, 33165

### ARTICLE VI REGISTERED AGENT

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

NOEL A. LAZO

9400 SW 54 STREET

MIAMI FL, 33165

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NOEL A. LAZO

9400 SW 54 STREET

MIAMI FL, 33165

\*\*\*\*\*  
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

FILED

04 APR -9 PM 5:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4.8.04

4.8.04