# P04000085697

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

Office Use Only



100037052571

06/01/04--01047--005 \*\*70.00

04 JUN-1 PH 4: 09

SECRETARY OF STATE



100 U.S. ROUTE 46, SUITE A1 • MOUNTAIN LAKES, NJ 07046 TEL: (973) 335-8333 • FAX: (973) 335-9142

RICHARD J. ROCHE JR. M. CARMEN MISEO, CPA RICHARD V. MISEO, CPA

CHRISTOPHER M. BARCHETTO, CPA MICHAEL A. VIOLETTE, CPA. MBA

May 25, 2004

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

RE: Corporate Filing

Dear Sir/Madam:

Enclosed please find the corporate filing for All Phase Recycling Corp. and a check for \$70.00 to cover filing and license costs. Please mail back the filed certificate to our office.

Thank you for your assistance.

Very truly yours,

THE ROCHE MISEO GROUP, LLC

Kathy Raymond

Office Manager

KR:my enclosures

# TRANSMITTAL LETTER

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

SUBJECT: A1J	Phase Recycling Corp.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:	
<b>™</b> #70.00	□ ¢70.75	D #70.75	□ \$87.50	
<b>⅓</b> \$70.00	\$78.75	\$78.75		
Filing Fee		Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Carlos Martins			
Name (Printed or typed)				
		_		
215 North Federal Highway - Suite 6A				
Address				
Boca Raton, FL. 33432				
City, State & Zip				
561-620-8222				
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:

All Phase Recycling Corp.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

215 North Federal Highway

Suite 6A

Boca Raton. FL. 33432

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

General Business Purposes

## ARTICLE IV SHARES

The number of shares of stock is:

2500 no par value

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Carlos Martins (president)

215 North Highway - Suite 6A

Boca Raton, FL. 33432

### ARTICLE VI REGISTERED AGENT

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

Carlos Martins

215 North Federal Highway

Suite 6A

33432 Boca Raton, FL.

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carlos Martins

215 North Highway - Suite 6A

33432 Boca Raton, FL.

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

Signature/Incorporator

 $\begin{array}{c} \times 05/26/04 \\ \times 05/26/04 \end{array}$