

PH000097566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

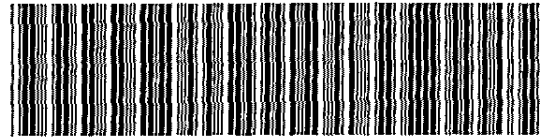
(Business Entity Name)

(Document Number)

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06/25/04--01028--004 \*\*70.00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JUN 25 PM 1:21

06/28

# TRANSMITTAL LETTER

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

**SUBJECT:** ALPHA PRECISION TOOL, 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:**

SANTIAGO GUZMAN

Name (Printed or typed)

9771 NW 76th STREET

Address

TAMARAC, FL 33321

City, State & Zip

954-464-3786

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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**ARTICLE I NAME**

The name of the corporation shall be:

ALPHA PRECISION TOOL, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

9771 NW 76th STREET  
TAMARAC, FL 33321

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**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):

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

SANTIAGO GUZMAN  
9771 NW 76th STREET  
TAMARAC, FL 33321

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

SANTIAGO GUZMAN  
9771 NW 76th STREET  
TAMARAC, FL 33321


\*\*\*\*\*

*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

6 / 18 / 04

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

6 / 18 / 04

\_\_\_\_\_  
Date