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(Re	equestor's Name)	
(Ac	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	(#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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TRANSMITTAL LETTER

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

SUBJECT: <u>ALP</u>	INE COPPER INC (PROPOSED CORPORA	TE NAME – MUST INCL	nosznásty)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	ASHLEY KATHLEEN KRI	VONOJKO (Printed or typed)	
	10144 Southern Pr	ide Place Address	
•	Wellington Florid City	da 33467 , State & Zip	
-	(561) 703-6861 Daytime	Felephone number	

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ALPINE COPPER INC.



ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

10144 Southern Pride Place Wellington Florida 33467

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

one Thousand (1,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ashley Kathleen Krivonojko 10144 Southern Pride Place Wellington Florida 33467

ARTICLE V INCORPORATOR(S)

for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Ashley Kathleen Krivonojko

10144 Southern Pride Place Wellington Florida 33467

President: Ashley Kathleen Krivonojko Officer : Ashley Kathleen Krivonojko Director : Ashley Kathleen Krivonojko

The undersigned incorporator(s) has(have) executed these Articles of Incorporation	this
22 day of July , 2004	-
(An additional article must be added if an effective date is requested.)	
+ AMM KIMMAD Signature	
Signature	
Signature	
Simoture	

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. 7	The name of the corporation is ALPINE COPPER INC.	
2. 7	The name and address of the registered agent and office is:	
	Ashley Kathleen Krivonojko (NAME)	ZOON TALLA
	10144 Southern Pride Place (P. O. Box or Mail Drop Box NOT ACCEPTABLE)	JUL 26
	Wellington Florida 33467 (Chry/State/Zip)	P P P L

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

KANIM KN MWW 7/27/04
(SIGNATURE) (DATE)