

P05000037695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

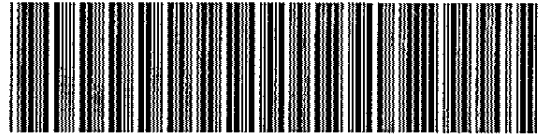
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: ALP Services 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: ANTONIO L Puigbo
Name (Printed or typed)

11320 SW 61 Te
Address

Miami FL 33173
City, State & Zip

(305) 282-1630
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

ALP SERVICE INC.

ARTICLE II PRINCIPAL OFFICE

Principal place of business/mailing address is :

**11320 SW 61 TE
MIAMI FL 33173**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is :

ANY LEGAL PURPOSE

ARTICLE IV SHARES

100 SHARES OF STOCK AT \$1.00 Par Value

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

**ANTONIO L PUIGBO
11320 SW 61 TE
MIAMI FL 33173**

ARTICLE VI REGISTERED AGENT

The name and Florida street address of registered agent are:

**ANTONIO L PUIGBO
11320 SW 61 TE
MIAMI FL 33173**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The name and address of the Incorporator are:

ANTONIO L PUIGBO
11320 SW 61 TE
MIAMI FL 33173

ARTICLE VIII : EFFECTIVE DATE

The effective date of these Changes shall be MARCH 1, 2005

Having being 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.



Signature /Registered Agent



Date

03/01/05



Signature /Incorporator



Date

03/01/05

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA