

P05000141367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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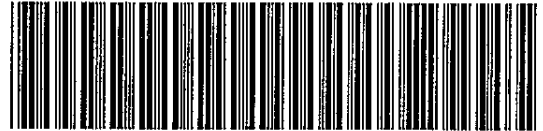
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05 OCT 17 AM 10:09  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: ALIEMC 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: ALLISON MCINTOSH

Name (Printed or typed)

20824 SAN SIMEON WAY #103

Address

NORTH MIAMI, FL. 33179

City, State & Zip

305-975-7698

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:

ALIEMC INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

20824 SAN SIMEON WAY #103  
NORTH MIAMI, FL. 33179.

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOLISTIC HEALTH CARE SERVICES.

### ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES @ \$1.00 PER SHARE.

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ALLISON MCINTOSH - 20824 SAN SIMEON WAY #103,  
NORTH MIAMI, FL. 33179 - PRESIDENT.

### ARTICLE VI REGISTERED AGENT

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


Charles Inije  
16499 N.E. 19 Avenue #213A  
North Miami, FL. 33162

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Allison McIntosh  
20824 San Simeon Way #103  
North Miami, FL. 33179

\*\*\*\*\*  
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

10/08/2005

Date

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

10/08/2005

Date

FILED  
05 OCT 17 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA