

P15000/42459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

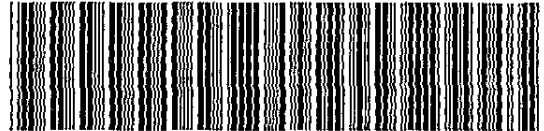
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Certified Copies _____

Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 OCT 20 PM 2:17

MRS
10/20

COVER LETTER

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

SUBJECT: ALBA HEALTH, 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: ALAIN BACHE
Name (Printed or typed)

9604 E CLARK RANCH RD.
Address

BOYNTON BEACH, FL 33437
City, State & Zip

561-736 6620
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:

ALBA HEALTH, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9604 EL CLAIR RANCH RD.
BOYNTON BEACH, FL 33437

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANUFACTURING & SALE OF HEALTH & BEAUTY AIDS

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ALAIN BACHE — PRESIDENT
9604 EL CLAIR RANCH RD.
BOYNTON BEACH, FL 33437

ARTICLE VI REGISTERED AGENT

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

9604 EL CLAIR RANCH RD.
BOYNTON BEACH, FL 33437
ALAIN BACHE

ARTICLE VII INCORPORATOR

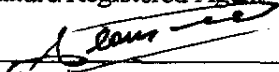
The name and address of the Incorporator is:

ALAIN BACHE
9604 EL CLAIR RANCH RD.
BOYNTON BEACH, FL 33437

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 OCT 20 PM 2:17

10-17-05

Date

10-17-05

Date