

P06000053050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

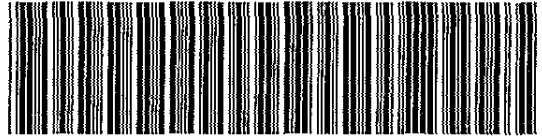
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FILED
06 APR 13 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CD 4-13-06
4106-16418

COVER LETTER

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

SUBJECT:

Alfa Creation Incorporated

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM:

Sonia D. Inglis

Name (Printed/or typed)

5803 Colima Place

Address

Jacksonville, FL 32244

City, State & Zip

(904) 327-0205

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2006

SONIA D. INGLIS
5803 COLIMA PL
JACKSONVILLE, FL 32244

SUBJECT: ALFA CREATION INCORPORATED
Ref. Number: W06000016418

We have received your document for ALFA CREATION INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

the amount of shares cannot be 0.,

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock
Document Specialist
New Filing Section

Letter Number: 406A00023384

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

06 APR 13 PM 3:45

ARTICLE I NAME

The name of the corporation shall be:

Alfa Creation Incorporated

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*5803 Colima Place
Jacksonville, FL 32244*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*To provide nurse staffing for home healthcare and
other agencies.*

ARTICLE IV SHARES

The number of shares of stock is: *(25)* 100,000 at \$10.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Sonia Inglis, owner (CEO)
5803 Colima Place
Jacksonville, FL 32244*

ARTICLE VI REGISTERED AGENT

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

*Sonia Inglis
5803 Colima Place
Jacksonville, FL 32244*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Sonia Inglis
5803 Colima Place
Jacksonville, FL 32244*

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

Sonia Inglis

Signature/Registered Agent

March 31, 2006

Date

Sonia Inglis

Signature/Incorporator

March 31, 2006

Date