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CORPORATION(S) NAME

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Acknowledgment

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Alexander s	Sisters Inc	
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() Foreign	() Dissolution	() Mark
() Limited Partnership () Reinstatement	() Annual Report () Reservation	() Other () Change of Registered Agent
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 21, 2006

EMPIRE

SUBJECT: ALEXANDER SISTERS INC.

Ref. Number: W06000018842

We have received your document for ALEXANDER SISTERS INC. and your check(s) totaling \$78.75. 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.

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) 245-6928.

Tim Burch Document Specialist New Filing Section

Letter Number: 706A00027381

06 APR 25 AM IO: 50 DIVISION OF CORPORATION

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FILED.

ARTICLES OF INCORPORATION APR 25 PM 2: 56

	•	of	SECRET TALLAH/	ARY OF STATE ASSEE, FLORIDA
ALEXANDE	R SISTERS I	ENC.		
	(name of c	corporation)		
The undersigned subscriber(s) to these corporation under the laws of the State	_	ation, natural per	son(s) competen	t to contract, hereby form a
	ARTICLE I - CO	RPORATE NAM	E	
The name of the corporation is:	ALEXANDER	SISTERS	S INC.	
	ARTICLE II	- DURATION		
The corporation shall exist perpetually	unless dissolved acco	ording to Florida	law.	
The corporation is organized for the public United States and the State of Florida.	purpose of engaging i	I - PURPOSE in any activities	or business perm	nitted under the laws of the
The corporation is authorized to issue Dollar(s) (\$) par v		CAPITAL STOCK shares (which shall be de	^) of	on Shares".
ARTICL	E V - INITIAL REGIS	TERED OFFICE	AND AGENT _	
The street address of the Initial Regist	ered Agent office and	the name of the	initial Registered	Agent at that office is:
NAME SMAR LEGA	V PLUMMER	Robin Ale	og wder	
ADDRESS 640 NW 21	od AVE.	154 SW	11th Ave	
CITY FT. Lauderdale		FLORIDA		ZIP 33311
The principal office, if known, or the	mailing address of the	corporation is:		
NAME ALEXANI	ER SISTERS	INC.		
ADDRESS 154 SW.	rith AVE			

FLORIDA

FT. Lauderdale

CITY

ZIP 33312

ARTICLE VI - INITAL BOARD OF DIRECTORS

The corporation shall have <u>TWO-FIVE</u> (<u>S</u>) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	OMAR L. PLUMMER	(CEO) BUSINESS MAN	AGER
ADDRESS	640 NW 2NJ AVE		<u> </u>
CITY	FT Lauder dale	STATE FL	ZIP 333/1
NAME	ROBIN L. ALEXANDEI	2 (President) Dir. of H	601A
ADDRESS	154 S.W. 11th AVE		
CITY	FT Lauderdale	STATE FL	ZIP 33312
NAME	HELISSA ALEXANDER	Lawton (CFO)	
ADDRESS	1117 SW 22 Nd TERI	RACE	
CITY	FT Lauderdale	STATE FL	ZIP 33312

ARTICLE VII - INCORPORATIONS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	ALPHONSO JOHNSON	(Musical Director)	
ADDRESS	3001 NW 218F		
CITY	Ft Landerduse	STATE FL	ZIP 33311
NAME	DANA ALEMANDER	(MARKETING DIRECTOR)	
ADDRESS	154 SW 11+h Ave	<u> </u>	
CITY	FT Lauderdak	STATE FL	ZIP 33312
NAME	JANDRA ALEXANDER	(Musical Director)	
ADDRESS	3001 NW 2157		
CITY	FT Laydodale	STATE FL	ZIP 33311

IN WITNESS WHEREOF, the undersigned subscriber(s) have	executed these Articles of Incorporation this 18 APR 06
day of,	
Jandia Iffangan	The
Ting page	A light
Mary 2000	Methoric Kawton

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

ļ.	CERTIFICATE OF REGISTERED AGENT OF LEXANDER SISTERS INC.	SECRETARY OF STATI TALLAHASSEE, FLOR	2006 APR 25 PM 2:	
	(name of corporation)	DA DA	56	

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at	154 S	W ,	11 #	AVE	Fort	Landerd ale	FLORID	A 33	33+2
has named _	Rol	oin /	LEXAN	OER					
located at t	the aforesa	aid ad	dress, as	s its Reg	gistered A	gent to accep	t service o	f proce	ss within
this state.									

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)