

PO 6000059406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

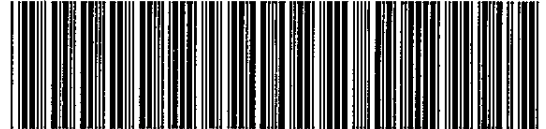
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
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06 APR 26 PM 3:57

B. McKnight APR 26 2006

COVER LETTER

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

SUBJECT: ALEXANDER TRONCOSO CO.  
(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: Christina Chavez  
Name (Printed or typed)  
8165 N University Drive apt 52  
Address  
Tamarac, FL 33321  
City, State & Zip  
954-549-0030  
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:

ALEXANDER TRONCOSO CO.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

8165 N University Drive apt 52  
Tamarac, FL 33321

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

- Customer service agents that can work from home

**ARTICLE IV SHARES**

The number of shares of stock is:

ONE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Christina Chavez -- Director  
8165 N University Drive apt 52  
Tamarac, FL 33321

**ARTICLE VI REGISTERED AGENT**

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

Christina Chavez  
8165 N University Drive apt 52  
Tamarac, FL 33321

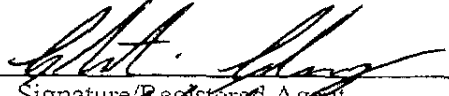
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

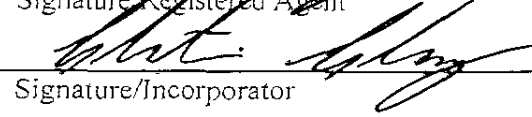
Christina Chavez  
8165 N University Drive apt 52  
Tamarac, FL 33321

\*\*\*\*\*

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

  
\_\_\_\_\_  
Date

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

  
\_\_\_\_\_  
Date

06 APR 26 PM 3:57

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DIVISION OF CORPORATIONS