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SECHETARY OF STATE

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## **COVER LETTER**

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

SUBJECT: John A AlonSo 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 \$78.75 Filing Fee Filing Fee

& Certificate of Status

& Certified Copy Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: John A Alonso
Name (Printed or typed)
6620 CANDICC HNI NEW PORT RICHEY S.1. 34653 Address
New Port Richey F.1, 34653 City, State & Zip
727 277 - 31 <b>9</b> 4  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)	ÄĽED
ARTICLE I NAME	07 JUL 30 AM 7: 58
The name of the corporation shall be:	
JOHN A Alonso INC.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
New PORT Richey F.1 34663	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
FOT INSTAILING FLOORING CAPPET - UYNIC - WOOD - TILE.	
ARTICLE IV SHARES The number of shares of stock is:	
100 Shares of Stock	
	_
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	2
John A Alonso	
6620CANDICE LN	
New port Richey	
f.1 346 63	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
JOHN A AIONSO	
NEW POTTRICKCY	
F.1. 34683	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
John A Alonso	
662 OCANGICE HN	
NEW PORT Richey	
£1.34653 ************************************	********
Having been named as registered agent to accept service of process for the above s certificate, I am familiar with and accept the appointment as registered agent and a	<u>-</u>
John Alonso	1/1/07
Signature/Registered Agent	Date
JOHN ALONSO	<u>V//07</u>
Signature/Incorporator	Date