

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT/NON PROFIT CORPORATION

ALARCON SYSTEMS CORP

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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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:

ALARCON SYSTEMS CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4824 SW 135 PL

MIAMI FLORIDA 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOME CARE SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

600 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

AMANDA ALARCON 4824 SW 135 PL MIAMI

FLORIDA 33175 PRESIDENT / TREASURER

600 SHARES

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: AMANDA ALARCON 4824 SW 135 PL MIAMI FLORIDA 33175

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
AMANDA ALARCON 4824 SW 135 PL MIAMI FLORIDA 33175

Having been named as registered agent to accept service of process for the above stated corporation in the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Amanda Alarcon
Signature/Registered Agent

01/07/2008

Date

Amanda Alarcon
Signature/Incorporator

01/07/2008

Date

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