

P0900 0015045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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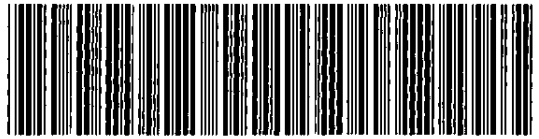
(Business Entity Name)

(Document Number)

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

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2009 FEB 16 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers FEB 17 2009

## COVER LETTER

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

**SUBJECT:** Alicia Studios 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

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** John Michael Machleid

Name (Printed or typed)

400 SE 11 Avenue

Address

Hialeah Florida 33010

City, State & Zip

305 887-9549

Daytime Telephone number

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**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:

Alicia Studios Inc

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

400 SE 11 Avenue  
Hialeah FL 33010

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Manufacturing Custom Bedspreads

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

John Michael Machleid  
400 SE 11 Avenue  
Hialeah FL 33010

### ARTICLE VI REGISTERED AGENT

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

John Michael Machleid  
400 SE 11 Avenue  
Hialeah FL 33010

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

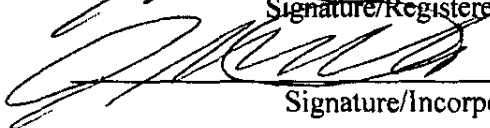
John Michael Machleid  
400 SE 11 Avenue  
Hialeah FL 33010

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TALLAHASSEE, FLORIDA

\*\*\*\*\*

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

  
Signature/Incorporator

2-12-09  
Date

2-12-09  
Date