P1000022225

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		į

Office Use Only

1212000012120



600171323376

03/09/10--01010--013 **79.00

10 MAR -9 AM II: 23

2010 MAR 1 1 AM 9:

SECRETARY OF STATE DIVISION OF COMPORATION

5 3/12/10

LAZARUS

CR2E031(7/97)

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

and the second s	Office Use Only	
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):	
1. ALELCAS SE (Corporation Name)	RVICES INC (Document #)	 .
2. (Corporation Name)	(Document #)	
3	(Document #)	
(Corporation Name)	(Document #)	,
4. (Corporation Name)	(Document #)	
Walk in Pick up time	2.06 Certified Copy	
☐ Mail out ☐ Will wait	Photocopy Certificate of St	tatus
NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	DIVISION O 2010 HAR
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	9: 55 1 9: 55
	T	ala



RECEIVED 10 MAR | | PM |: 52

FLORIDA DEPARTMENT OF STATE FOR THE STATE OF STA

March 10, 2010

LAZARUS CORPORATE FILING SERVICE

SUBJECT: ALELCAS SERVICES INC.

Ref. Number: W10000012120

We have received your document for ALELCAS SERVICES INC. and your check(s) totaling \$79.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and street address must be consistent wherever it appears in your document.

Please return the corrected 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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 510A00005939

ARTICLES OF INCORPORATION OF

SECRETARY OF STATE DIVISION OF CORPORATION 2010 MAR 11 AM 9: 55

ALELCAS SERVICES INC

ARTICLE I THE NAME OF THE CORPORATION IS:

ALELCAS SERVICES INC.

ARTICLE II

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE III

THE MAXIMUM NUMBER OF SHARES OF CAPITAL STOCK THAT THE CORPORATION IS AUTHORIZED TO ISSUE IS 500 SHARES AT \$1.00 PER VALUE. ARTICLE IV

THE AMOUNT OF CAPITAL WITH WHICH THE CORPORATION WILL BEGIN BUSINESS WITH IS THE SUM OF \$500.00

ARTICLE V

THE CORPORATION SHALL HAVE PERPETUAL EXSISTENCE UNLESS SOONER DISSOLVED ACCORDING TO LAW, AND ITS EXISTENCE SHALL COMMENCE UPON FILING.

ARTICLE VI

THE STREET ADDRESS IS THE PRINCIPAL OFFICE OF THE – CORPORATION IN THIS STATE SHALL BE:

8500 NW 8 STREET APT. 207 MIAMI FLORIDA, 33126

ARTICLE VII

THE NAME(S) AND STREET ADDRESS (ES) OF THE PERSON SIGNING THESE ARTICLES ARE:

MIRIAM AMADOR 8500 N.W. 8ST. APT.207 MIAMI FLORIDA, 33126 ALCIBIADES ELIZALDE 510 N.W 109 AVE. #2 MIAMI FLORIDA, 33172

ARTICLE VIII

THE CORPORATION SHALL HAVE A BOARD DOF DIRECTORS
CONSISTING OF NOT LESS THAN TWO OE MORE THAN SIX DIRECTORS. THE
INITIAL BOARD OF DIRECTORS SHALL CONSIST OF TWO DIRECTORS WHOSE
NAME AND ADDRESS ARE AS FOLLOWS:

MIRIAM AMADOR 8500 NW 8 ST. APTL #207MIAMI FLORIDA, 33126

ALCIBIADES ELIZALDE 510 NW 109 AVE.#2 MIAMI FLORIDA, 33172

ARTICLE IX

THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE, AND THE NAME OF THE INITIAL REGISTERED AGENT THAT ADDRESS SHALL BE:

ALCIBIADES ELIZALDE 510 NW 109 AVE, #2: "MIAMI FLORIDA, 33172

THE UNDERSIGNED HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS FOURTEEN DAY OF OCTOBER OF 2009.

MIRIAM AMADOR

SIGNATURE

ALCIABIADES ELIZALDE

SIGNATURE

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTER RED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.	The name of the corporation is ALELCAS SERVICES INC.
2.	The name and address of the registered agent and office is:
	ALCIBIADES ELIZALDE
	Name: 510NW 109 AVE. #2
	Address:
	Miami, Florida 33172
	City / State / Zip Code

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating the proper and complete performance of my duties, and I am familiar with and accept the obligations, of my position as registered agent.

SIGNATURE:

Date: OCTOBER 14, 2009