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(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer: Showed List only on Ra xemove Laboran				
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COVER LETTER

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

SUBJECT: Aledex. Inc.					
(PROPOSED CORPORA	TE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an original and one (1) copy of the articles \$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status				
	ADDITIONAL COPY REQUIRED				
FROM: <mark>Gary S. Puchan</mark> Name	SECRETARY SECRETARY 29 (Printed or typed)	11			
A	Address FLORID 33				
Orlando, FL 32818 City, State & Zip					
407-292-8903 Daytime To	elephone number				
alex111397@cfl.rr.com E-mail address: (to be used	d for future annual report notification)				

NOTE: Please provide the original and one copy of the articles.

FLORIDA DEPARTMENT OF STATE Division of Corporations

November 15, 2010

GARY S. PUCHAN 1500 HEIRLOOM DRIVE ORLANDO, FL 32818

SUBJECT: ALEDEX, INC. Ref. Number: W10000053471

We have received your document for ALEDEX, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You can only list one registered agent. Since Gary Puchan has signed as agent please remove Deborah from Article VII.

Please return 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) 245-6913.

Diane Cushing Regulatory Specialist II Supervisor

Letter Number: 610A00026785

www.sunbiz.org

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the co	NAME Aledex, Inc.		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing	address, if different is:
- 1	500 Heirloom Dr		
	Orlando, FL 32818		
_			
ADDICE DE	BUBBOOR		
The purpose for w	hich the corporation is organized is:		
Consultant Se			
Consultant Si	ei vices		
ARTICLE IV	· · · · · · · · · · · · · · · · · · ·		
The number of shar	res of stock is: One (1)		
ADTICLE V	INITIAL OFFICERS AND/OR DIDECT	TODG	
	INITIAL OFFICERS AND/OR DIRECT		
Address:	tle:Gary Puchan, vice president	Name and Title:	
Address.	1500 Heirloom Dr Orlando, Fl 32818		
	Onando, Fl 32818		
	· · · · · · · · · · · · · · · · · · ·		as N
Name and Ti	tle:Deborah B. Puchan	Name and Title:	
Address:	1500 Heirloom Dr		
	Orlando, FL 32818		
			(Ca) N
			mi⊶< ⊸o. •
Name and Ti	tle:		
		Address:	
			— 97 5
			
ARTICLE VI	REGISTERED AGENT		- W
	rida street address (P.O. Box NOT acceptable	a) af the recistored execution	****
Name:			
Address:	4500 H-1-1 D-		
rtaar Coo.	Orlando FL 32818		
	CHANGO, FL 32010.		
ARTICLE VII	<u>INCORPORATOR</u>		
	ress of the Incorporator is:		
Name:	Gary Puchan		
Address:	1500 Heirloom Dr		
Orla	Orlando, FL 32818		
Having been name	d as registered agent to accept service of pro	ocess for the above stated corp	poration at the place designated in
this certificate, I an	Jamiliar with and accept the appointment as	registered agent and agree to	act in this capacity
	Provided Signature / Designated A cont		<u>//-5-/0</u> Date
	Required Signature/Registered Agent		Date
, , , , , , , ,			
I submit this docui	ment and affirm that the facts stated herein	are true. I am aware that the	e false information submitted in a
aocument to the De	partment of State constitutes a third degree fe	etony as provided for in s.817.	155, F.S.
\mathcal{L}	and during		a. a- a
	ug wene		11-5-10
	Required Signature/Incorporator		Date