

P1100000088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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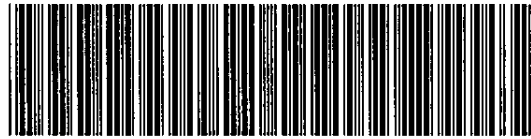
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 DEC 30 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ps 1/3/11

COVER LETTER

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

SUBJECT: Alfaro Construction Services 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 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

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

FROM: Miguel Alfaro
Name (Printed or typed)
225 NW 40 st Apt - L
Address
Miami FL 33127
City, State & Zip
786 - 234 - 3697
Daytime Telephone number
alfaroconstruction@hotmail.com
E-mail address: (to be used for future annual report notification)

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: Alfaro Construction Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
225 NW 40 St Apt L
Miami FL 33127

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and ALL Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Miguel Alfaro President Name and Title: _____
Address: 225 NW 40 St Apt L Address: _____
Miami FL 33127

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: MIGUEL ALFARO
Address: 225 NW 40 St Apt L
Miami FL 33127

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MIGUEL ALFARO
Address: 225 NW 40 St Apt L
Miami FL 33127

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

Miguel Alfaro
Required Signature/Registered Agent

12/20/2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s.817.155, F.S.

Miguel Alfaro
Required Signature/Incorporator

12/20/2010
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA