P11000021968

(Requestor's Name)			
(Address)			
(Address)			
(idanos),			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(=)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Openial alstractions to Fining Officer.			

Office Use Only



500196025025

03/02/11--01015--008 **87.50

11 MAR -2 AM II: 22
SELIKLIMET UF SIATE
TALLAHASSEE, FLORID

× 03/07/11

COVER LETTER

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

SUBJECT: Alamonte, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)		
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
	ADDITIONAL CO	OPY REQUIRED		
FROM: Natasha Miller Name	(Printed or typed)			
2840 West Bay Dr. #351	ddress			
Belleair Bluffs Florida 33 City, S				
9139679418 Daytime Te	elephone number			
mnvelvetrabbit@aol.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 The name of the co	NAME Alamonte, Inc.			
ARTICLE II	PRINCIPAL OFFICE Principal street address		Mailing address, if different is:	
	2840 West Bay Dr. #351			
	Belleair Bluffs, Fl 33770			
	· · · · · · · · · · · · · · · · · · ·			
ARTICLE III			A.	
	which the corporation is organized is:		La - Santani	
General busi	iness		AR-2 AN	
ARTICLE IV The number of sha	SHARES ures of stock is:100		LORID II: 22	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	RS	DVICe-	
	itle: Natasha Miller, President	Name and T	itle: Natasha Miller , President	
Address:	2840 West Bay Drive #351	Address:	2840 West Bay Drive #351	
	Belleair Bluffs, Florida 33770	-	Belleair Bluffs, Florida 33770	
Name and T	itle: NATASHA MILLER, SECRET	GRName and T	itle: NATASHA MULER, TREASURE	
Address:	2840 WEST 13AY Dr. #351	Address:	2840 W.EST BAY DR. #351	
	BELLEAIR BLUFFS, FL 3377	0	BELLEAIR BLUFFS, FL 3377	
Name and T	itle:	— Name and T	Title:	
Address:	j j	Address:		
				
ARTICLE VI	REGISTERED AGENT			
The <u>name and Flo</u> Name:	orida street address (P.O. Box NOT acceptable) of Natasha Miller	of the registered	agent is:	
Address:	2840 West Bay Drive #351	· -		
	Belleair Bluffs, Florida 33770		•	
ARTICLE VII	INCORPORATOR	•		
	dress of the Incorporator is:			
Name:	Natasha Miller	_	•	
Address:	2840 West Bay Drive #351 Belleair Bluffs, Florida 33770			
	ed as registered agent to accept service of proce m familiar with and accept the appointment as re	ss for the above		
Ma	tacks Willy		2/27/2011	
	Required Signature/Registered Agent		Date	
	ument and affirm that the facts stated herein ar epartment of State constitutes a third degree felor			
m -	tanks madille			
<u> 1 1a</u>	tooha Miller Required Signature/Incorporator		2/27/2011	
	Required Signature/Incorporator	~	Date	