

P11000034020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

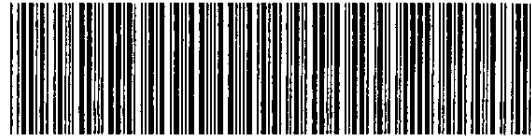
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/07/11--01007--017 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR -5 AM 9:30

FILED

K 04/07/11

U11-13146



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 APR -5 AM 11:35

DIVISION OF CORPORATIONS

March 8, 2011

ARMANDO RODRIGUEZ
945 SW 6 ST
MIAMI, FL 33130

SUBJECT: ALPHA SECURITY GROUP CORPORATION
Ref. Number: W11000013146

We have received your document for ALPHA SECURITY GROUP CORPORATION and your check(s) totaling \$87.50. 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.

The registered agent must sign accepting the designation.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

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) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 711A00005638

COVER LETTER

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

SUBJECT: Alpha Security Group Corp.

(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: Armando Rodriguez

Name (Printed or typed)

945 SW 6 St

Address

Miami, FL 33130

City, State & Zip

305-710-3591

Daytime Telephone number

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: **Alpha Security Group Corporation**

ARTICLE II PRINCIPAL OFFICE

Principal street address
945 SW 6 St
Miami FL 33130

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: **1000 @ \$0.01 per share**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Armando Rodriguez, President**
Address: **945 SW 6 St**
Miami FL 33130

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: **Armando Rodriguez**
Address: **945 SW 6 St**
Miami FL 33130

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: **Armando Rodriguez**
Address: **945 SW 6 St**
Miami FL 33130

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



Required Signature/Registered Agent

03/03/2011

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.



Required Signature/Incorporator

03/03/2011

Date

FILED
11 APR -5 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA