

P11 000 077139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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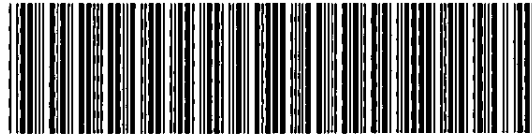
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/31/11--01002--016 **78.75

RECEIVED

11 AUG 31 AM 10:06

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 AUG 31 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers AUG 31 2011

COVER LETTER

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

SUBJECT: Alpha Flooring 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: Edward Chadrick Lunsford
Name (Printed or typed)

214 N. Delview Dr
Address

Tallahassee, FL 3230
City, State & Zip

850-661-3080
Daytime Telephone number

[Signature]
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG 31 AM 10:12

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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 Flooring Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

214 N. Bellview Dr
Tallahassee, FL 32303

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Flooring Sales

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Address:

E.C. Lynsford
214 N. Bellview Dr
Tallahassee, FL 32303

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:

Address:

E.C. Lynsford
214 N. Bellview Dr
Tallahassee, FL

ARTICLE VII INCORPORATOR

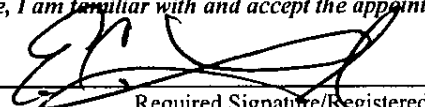
The name and address of the Incorporator is:

Name:

Address:

E.C. Lynsford
214 N. Bellview Dr
Tallahassee, FL 32303

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 / Incorporator

Aug 31 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

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA