# P11000099197

(Requestor's Name)				
(Ac	ldress)			
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(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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FILED

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SECRETARY OF STATE
AND AND ASSET OF STATE

10/26

W1000054914

#### **COVER LETTER**

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

### SUBJECT: Alexandria Library Publishing House Corporation (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:	
\$70.00 Filing Fee & Certificate of Status	\$78.75  Filing Fee  & Certified Copy  & Certificate of  Status  ADDITIONAL COPY REQUIRED	
FROM: Armin Arocha		
Name	(Printed or typed)	
12333 SW TERRACE	LARE NOV	7
A	Address SS	
MIAMI, FL 33175	SSEE F. F. P. C.	
City,	State & Zip  CRIDA  21  CRIDA	_
786-239-4934		
Daytime Te	elephone number	
aaa tek@yahoo.com ✓ E-mail address: (to be used	for future annual report notification)	

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED .

11 NOV 17 AM 10: 57

Physian of corporations

October 26, 2011

ARMIN AROCHA 12333 SW 20 TERR MIAMI, FL 33175

SUBJECT: ALEXANDRIA LIBRARY CORPORATION

Ref. Number: W11000054914

We have received your document for ALEXANDRIA LIBRARY CORPORATION 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6995.

Jessica A Fason Regulatory Specialist II

Letter Number: 011A00024504

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

	AME ration shall be: Alexandria Library Publi	shing House Corporation	
	RINCIPAL OFFICE		
	Principal street address	Mailing ad	dress, if different is:
	33 SW 20 TERRACE		
MIA	MI, FL 33175		
ARTICLE III PU	RPOSE		
The purpose for which	h the corporation is organized is:		
	LAWFÚL BUSINĚSS.		
ARTICLE IV SI	HARES .		
The number of shares	<del></del>		
	ITIAL OFFICERS AND/OR DIRECTO		
	Armin Arocha, President		
	12333 SW 20 TERRACE		
	MIAMI, FL 33175		
,		<del></del>	<del></del>
Name and Title:		Name and Title:	
Address:		Address:	
3.7 1.00%		No d mid	SEC SEC
		Name and Title:	<u> </u>
Address:		Address.	33.2
,		<del></del>	65 P. T.
		<del></del>	me m
	EGISTERED AGENT		
	a street address (P.O. Box NOT acceptable)	of the registered agent is:	·
Name:	Armin Arocha	<del></del>	RATE OF
Address:	12333 SW 20 TERRACE	<u> </u>	20 E DA
	MIAMI, FL 33175	<del></del>	
ARTICLE VII IN	CORPORATOR		
	s of the Incorporator is:		
Name:	Armin Arocha		
Address:	12333 SW 20 TERRACE	<del></del>	
	MIAMI, FL 33175		
Haulua basu wawad .	as registered agent to accept service of proce	ess for the above stated corne	ration at the place designated is
	is registered agent to accept service of proce imiliar with and accept the appointment as re		
ma cerujicate, r um ji		good ca agent and agree to ac	cupucity
	XX		11/09/2011
	Paguinad Signaturo/Dagistared Agent	<del></del>	Date
	Required Signature/Registered Agent		Date
I submit this docume	nt and affirm that the facts stated herein a	re true. I am aware that the p	false information submitted in a
	rtment of State constitutes a third degree felo		
•	AA		
	/ <del>50</del> C		11/09/2011
	Required Signature/Incorporator	<del></del>	Date