

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : FASTKIT CORP
Account Number : 120100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ALCHEMY RECYCLING CENTER CORPORATION

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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JAN 26 2012

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2012 JAN 25 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: **ALCHEMY RECYCLING CENTER CORPORATION**

ARTICLE II PRINCIPAL OFFICE

Principal street address
3484 N.W. N. RIVER DRIVE
MIAMI, FL 33142

Mailing address, if different is:
12100 S.W. 47 STREET
MIAMI, FLORIDA 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO TRANSACT ANY AND ALL LAWFUL BUSINESS IN COMPLIANCE WITH THE LAWS OF THE STATE OF FLORIDA AND THE UNITED STATES OF AMERICA.

ARTICLE IV SHARES

The number of shares of stock is **ONE (100) SHARES OF COMMON STOCK**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **LOUIS A. ALEXANDER**
Address: **12100 S.W. 47 STREET**
MIAMI, FLORIDA 33175
PRES/VICE PRES /SEC/TREAS

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: **LOUIS A. ALEXANDER**
Address: **12100 S.W. 47 STREET**
MIAMI, FLORIDA 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **LOUIS A. ALEXANDER**
Address: **12100 S.W. 47 STREET**
MIAMI, FL 33175

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

Louis Alexander
Required Signature/Registered Agent

01/23/2012
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.

Louis Alexander
Required Signature/Incorporator

01/23/2012
Date

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TALLAHASSEE, FLORIDA