

P120000066455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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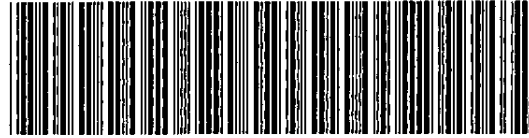
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: A1 Alpha Concepts 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: Martin A. Solano

Name (Printed or typed)

800 Parkview Dr. Apt 719

Address

Hallandale, FL 33009

City, State & Zip

954-294-7613

Daytime Telephone number

martin_solano@live.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 NAME

The name of the corporation shall be: A1Alpha Concepts Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
800 Parkview Dr Apt 719
Hallandale Beach, FL 33009

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Provide driving services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|--|-----------------------|
| Name and Title: <u>Martin A. Solano, President</u> | Name and Title: _____ |
| Address: <u>800 Parkview Dr Apt 719</u> | Address: _____ |
| <u>Hallandale Beach, FL 33009</u> | _____ |

| | |
|--|-----------------------|
| Name and Title: <u>Amanda Solano, Vice-President</u> | Name and Title: _____ |
| Address: <u>800 Parkview Dr Apt 719</u> | Address: _____ |
| <u>Hallandale Beach, FL 33009</u> | _____ |

| | |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |

ARTICLE VI REGISTERED AGENT

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

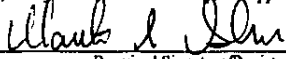
Name: Martin A. Solano, President
Address: 800 Parkview Dr Apt 719
Hallandale Beach, FL 33009

ARTICLE VII INCORPORATOR


The name and address of the incorporator is:

Name: Martin A. Solano
Address: 800 Parkview Dr Apt 719
Hallandale Beach, FL 33009

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

| | |
|--|-----------------|
| <u></u> | <u>07-20-12</u> |
| Required Signature/Registered Agent | 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.

| | |
|--|-----------------|
| <u></u> | <u>07-20-12</u> |
| Required Signature/Incorporator | Date |

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STATE OF FLORIDA
DEPARTMENT OF STATE