

PB000059972

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(City/State/Zip/Phone #)

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(Business Entity Name)

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*[Handwritten signature]*  
7/18/13

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUL 15 PM 2:49

## COVER LETTER

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

SUBJECT: **ALPHA BUSINESS & ACCOUNTING SERVICE 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: **Gregory L. Stein**

Name (Printed or typed)

**9401 Italia Way**

Address

**Naples, FL 34113**

City, State & Zip

**443-735-2600**

Daytime Telephone number

**gstein15@comcast.net**

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 Business & Accounting Service Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1852 B 40th Terrace SW

Naples, FL 34115

Mailing address, if different is:

9401 Italia Way

Naples, FL 34113

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide bookkeeping, accounting, payroll and tax services  
to businesses and individuals

**ARTICLE IV SHARES**

The number of shares of stock is: 10

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Gregory L. Stein, President & Treasurer

Address: 9401 Italia Way  
Naples, FL 34113

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Patricia B. Stein, Secretary

Address: 9401 Italia Way  
Naples, FL 34113

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUL 15 PM 2:49

(conti.)

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: Gregory L. Stein  
Address: 9401 Italia Way  
Naples, FL 34113

**ARTICLE VII INCORPORATOR**

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

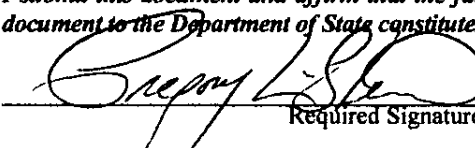
Name: Gregory L. Stein  
Address: 9401 Italia Way  
Naples, FL 34113

*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

7/12/13  
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

7/12/13  
Date