

P13000066318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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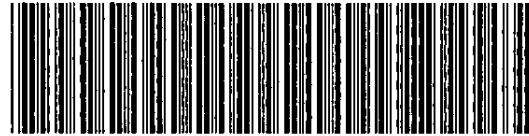
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

umd 8/13

## COVER LETTER

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

SUBJECT: **AL'S RENTAL, 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: **ADALBERTO ALVAREZ**

Name (Printed or typed)

**300 MADEIRA AVENUE APT. 203**

Address

**CORAL GABLES, FLORIDA, 33134**

City, State & Zip

**305-439-6083**

Daytime Telephone number

**apache515@att.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: AL'S RENTAL, INC.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

300 MADEIRA AVE. APT. 203

CORAL GABLES, FL. 33134

Mailing address, if different is: \_\_\_\_\_

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**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: REAL ESTATE PROPERTY RENTALS.

**ARTICLE IV    SHARES**

The number of shares of stock is: 1

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

Name and Title: ADALBERTO ALVAREZ

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

Address: 300 MADEIRA AVE. APT 203

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

CORAL GABLES, FL. 33134

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

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

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

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

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

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

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

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

(conti.)

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

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**

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

Name: ADALBERTO ALVAREZ

Address: 300 MADEIRA AVENUE, APT 203

CORAL GABLES, FL. 33134

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Name: ADALBERTO ALVAREZ

Address: 300 MADEIRA AVE. APT 203

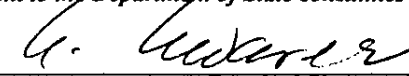
CORAL GABLES, FL. 33134

*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

8-5-13  
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

8-5-13  
Date