

P14000023758

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 13 PM 2:30

[Handwritten signature]

COVER LETTER

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

SUBJECT: **ALKOM 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **ALFRED RUSSILLO**

Name (Printed or typed)

1185 IMMOKALEE RD STE 210

Address

NAPLES, FL 34110

City, State & Zip

239-263-0829

Daytime Telephone number

roser@gracetax.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

March 4, 2014

ALFRED RUSSILLO
1185 IMMOKALEE ROAD
SUITE STE 210
NAPLES, FL 34110

SUBJECT: ALKOM INC
Ref. Number: W14000013696

RECEIVED
14 MAR 14 PM 2:45
SUNBIZ STATE
TALLAHASSEE, FLORIDA

We have received your document for ALKOM INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 914A00004638

2742-0000
5713

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P. O. Box 6327
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& Certificate of
Status

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Name (Printed or typed)

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City, State & Zip

239-263-0829

Daytime Telephone number

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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)

SECRETARY OF STATE
DIVISION OF CORPORATION
14 MAR 14 PM 2:30

ARTICLE I NAME

The name of the corporation shall be: ALKOM IMC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1106 JARDIN DR
NAPLES, FL 34104

Mailing address, if different is:

1185 IMMOKALEE RD
STE 210
NAPLES, FL 34110

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RESTAURANT

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KOMES ROZES, PRES/TREAS

Address: 1123 GREEN END AVE
MIDDLETOWN, RI 02842

Name and Title: ALFRED RUSSILLO, VP/SECTY

Address: 1106 JARDIN DR
NAPLES, FL 34104

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(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: ALFRED RUSSILLO
Address: 1185 IMMOKALEE RD STE 210
NAPLES, FL 34110

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALFRED RUSSILLO
Address: 1106 JARDIN DR
NAPLES, FL 34104

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

02/26/14

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

02/26/14

Date