

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION 4ALPHAKODS, INC.

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

14	JUN	11	PH] :	4
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ARTICLE I NAME The name of the corporation	on shall be: 4ALPHAKIDS, IN	IC. SECRETARY OF STATE
ARTICLE II PRIN	<u>CIPAL OFFICE</u> Trincipal <u>street</u> address 9TH STREET	Mailing address, if different is: 8180 SW 189TH STREET
CUTLER BA	~~	CUTLER BAY, FL 33157
ARTICLE III PURP The purpose for which the	OSE corporation is organized is: ANY AN	D ALL LAWFUL BUSINESS
	AL OFFICERS AND/OR DIRECTOR	
	(P) MOLLY A GRIESEMER 3180 SW 189TH STREET	Name and Title: Address:
	CUTLER BAY, FL 33157	Address.
-		
Name and Title:_	- L- un.	Name and Title:
Address _	,	Address:
-		
Name and Title:_		Name and Title:
Address _		Address:
_		

			FILE GOODES, 14 JUN 11 PM 1: 47
Name and	l Title:	_ Name and Title:	SECRETARY OF STATES TALLAHASSEE, FLORIDA
Address		Address:	
		-	
	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) o MOLLY GRIESEMER	of the registered agent is;	
Address:	8180 SW 189TH STREET	_	
	CUTLER BAY, FL 33157	_	
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	MOLLY GRIESEMER	_	
Address:	8180 SW 189TH STREET	_	
	CUTLER BAY, FL 33157	 -	
Having been nam this certificate, I a	ed as registered agent to accept service of proces on familiar with and accept the appointment as re	s for the above stated cor gistered agent and agree	poration at the place designated in to act in this capacity
\odot	16.11.112		JUNE 10, 2014
	Required Signature/Registered Agent		Date
I submit this document to the I	ument and affirm that the facts stated herein are Department of State constitutes a third degree felo	true. I am aware that th ny as provided for in s.81:	e false information submitted in a 7.155, F.S.
. 1	1/11/10		JUNE 10, 2014
()	Required Signature/Incorporator		Date