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COVER LETTER

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

_{SUBJECT:} ALR	Consulting Inc.	ALR Consi	_ , _ ,
	(PROPOSED CORPORA) nal and one (1) copy of the artic	TE NAME - MUST INCLU	_
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM Ar	ndres Roosna		

Name (Printed or typed)

11043 Glenwood Dr

Address

Coral Springs FL 33065

City, State & Zip

253-229-1542

Daytime Telephone number

AndyRoosna@gmail.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 INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpora	ME ALR Consulting	TINC. ALR Consult Inc.
	NCIPAL OFFICE	ALLO ALLO
	Principal street address	Mailing address, if different
11043 Glen	wood DR	ASS TO
Coral Spring	gs FL 33065	PR PR
	<u> </u>	
		RAI 29
	POSE he corporation is organized is:	ng buisnesses with marketing stratagies,
_ · · ·	owth, and developmer	nt
buisiness giv	ovin, and developmen	Tt.
•		
ARTICLE IV SHA	LRES 10 000 000	
The number of shares of	<u>IRES</u> stock is: 10,000,000	<u></u>
	<u> </u>	<u>RS</u>
Name and Title	Andres M Roosna Pres./CEO	Name and Title:
Address	11043 Glenwood Dr	Address:
Address	Coral Springs FL 33065	Address.
	- Corar opiniga i E 00000	
Name and Title:	:	Name and Title:
Address		Addrass
Address		Address:
•		
Name and Title:		Name and Title:
Address		Address:

Name and	Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and Fle Name: Address: ARTICLE VII	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) of Andres M Roosna 11043 Glenwood Dr Coral Springs FL 33065 INCORPORATOR	the registered agent is: 14 JUL 18 PH 12: 29 STATE ANY OF STATE AND A	e e e e e e e e e e e e e e e e e e e
The name and ad	dress of the Incorporator is:		
Name:	Andres M Roosna		
Address:	11043 Glenwood Dr Coral Springs FL		
	m familiar with and accept the appointment as regi	for the above stated corporation at the place designa istered agent and agree to act in this capacity	
,	Required Signature/Registered Agent	Date	
	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	rue. I am aware that the false information submitted as provided for in \$ 817 155 F S	l in a
	Required Signature/Incorporator	Date	<u> </u>