

PK10000090390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

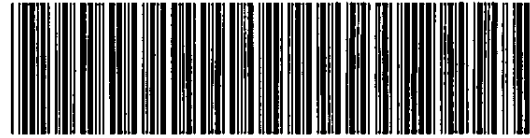
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/20/14--01002--013 **78.75

FILED
14 NOV -5 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1114-64001

UND 11/6



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2014

CONSTANCE GLOVER
1743 NW 192ND ST.
MIAMI GARDENS, FL 33056

SUBJECT: ALCON CAPITAL, INC.
Ref. Number: W14000064001

We have received your document for ALCON CAPITAL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a NON-PROFIT, but your entity is a PROFIT. Please complete and return the enclosed blank form(s).

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 114A00022540

COVER LETTER

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

SUBJECT: Alcon Capital, 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 *(paid)*
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Constance Glover
Name (Printed or typed)

17413 NW 192nd St.
Address

Miami Gardens, FL 33056
City, State & Zip

305-625-9355
Daytime Telephone number

Alconnov@aol.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 INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Alcon Capital, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1743 NW 192nd St.

Miami Gardens, FL 33056

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate investing, other
investments

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Constance Glover, P

Address

1743 NW 192nd St.

Miami, FL 33056

Name and Title:

Alfred Glover, VP

Address:

1743 NW 192nd St.

Miami, FL 33056

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: _____

ARTICLE VI REGISTERED AGENT

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

Name: Constance Glover

Address: 1743 NW 192nd St.

Miami, FL 33056

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Constance Glover

Address: 1743 NW 192nd St.

Miami, FL 33056

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Constance Glover

Required Signature/Registered Agent

10/28/14

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.

Constance Glover

Required Signature/Incorporator

10/28/14

Date