P50007748

(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Вс	usiness Entity Nar	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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COVER LETTER

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

SUBJECT: Alt	er Sin	nple Sales Inc.		
Sebuter	<u></u>	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	origi	inal and one (1) copy of the art	icles of incorporation and	d a check for:
☐ \$70.0 Filing Fo	00	\$78.75	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
			ADDITIONAL CO	OPY REQUIRED
FROM	Paı :	ıla Kadau Name	e (Printed or typed)	
	5830	5 18th Ave South		
			Address	
	Guli	fport, FL 33707	State & Zip	
	727-	-776-3705	5 a 2.p	
		Daytime 7	elephone number	
	Paul	aKadau@Gmail.com		
	_	E-mail address: (to be use	d 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)

Principal street address Mailing address, if different is: 1000 CICLE IV PURPOSE Purpose for which the corporation is organized is: Purpose for which the corporation is organized is: Purpose for which the corporation is organized is: Purpose for which this company may Purpose for wh	name of the corporation shall be:			· (7)
Iffort, FL 33707 Ifficial Purpose for which the corporation is organized is:	TICLE II PRINCIPAL OFFICE	1.1		
Interest Purpose for which the corporation is organized is: Ticle Purpose Discount Discoun			Mailing address, if	different is:
ETICLE IV SHARES gamized. ETICLE IV SHARES gamized. ETICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Gulfport, FL 33707 Name and Title: Address 5836 18th Ave South Gulfport, FL 33707 Name and Title: Address S836 18th Ave South Gulfport, FL 33707 Name and Title: Address S836 18th Ave South Gulfport, FL 33707 Name and Title: Address S836 18th Ave South Address: Add	"		-	/ has
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Name a	and Title:	Name and Title:	
Addre	ss	Address:	
	-		
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptal	ala) af the registered agent is:	
- -	Paula Kadau	of the registered agent is.	
Name:	5836 18th Ave South		On co
Address:	Gulfport, FL 33707		
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		Ph 12: 4:5
The <u>name and</u>	address of the Incorporator is:		1.5
Name:	Paula Kadau		-
Address:	5836 18th Ave South		
	Gulfport, FL 33707		
Effective date, (If an effective days after the Note: If the days	e date is listed, the date must be specific and of filing.) ate inserted in this block does not meet the appli	cable statutory filing requirements,	
the document's	effective date on the Department of State's rec	ords.	
Having been no this certificate,	amed as registered agent to accept service of p I am fam ilial w ith and accept the appointment	rocess for the above stated corpora as registered agent and agree to ac	ntion at the place designated in At in this capacity
	<u>u</u>	 	9/10/15
	Required Signature/Registered Agen ocument and affirm that the facts stated hereing the Department of State constitutes a third degree	n are true. I am aware that the fa	
			9/10/15
Req	uired Signature/Incorporator		Date
	J		