

PL5000077748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

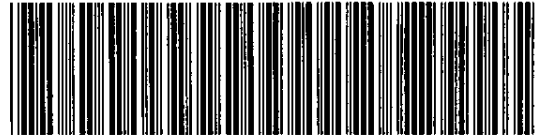
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/14/15--01007--003 **18.75

15 SEP 14 PM 12:45

MD 9/22

COVER LETTER

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

SUBJECT: Alter Simple Sales 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
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Paula Kadau
Name (Printed or typed)

5836 18th Ave South
Address

Gulfport, FL 33707
City, State & Zip

727-776-3705
Daytime Telephone number

PaulaKadau@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 INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Alter Simple Sales, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5836 18th Ave South

Gulfport, FL 33707

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful purpose for which this company may be
organized.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paula Kadau, President

Name and Title: _____

Address 5836 18th Ave South

Address: _____

Gulfport, FL 33707

Name and Title: Paula Kadau, Vice-President

Name and Title: _____

Address 5836 18th Ave South

Address: _____

Gulfport, FL 33707

Name and Title: Paula Kadau, Treasurer

Name and Title: _____

Address 5836 18th Ave South

Address: _____

Gulfport, FL 33707

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: Paula Kadau
Address: 5836 18th Ave South
Gulfport, FL 33707

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Paula Kadau
Address: 5836 18th Ave South
Gulfport, FL 33707

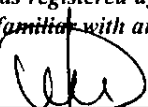
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/10/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

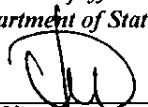


Required Signature/Registered Agent

9/10/15

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

9/10/15

Date