

PI5000088355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

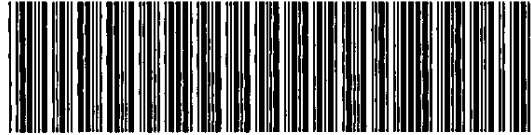
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: ALLIANCE GROUP ENTERPRISE 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: JIM J. ALLIANCE

Name (Printed or typed)

1690 RENAISSANCE COMMONS BLVD UNIT 1615

Address

BOYNTON BEACH, FL 33426

City, State & Zip

5616741815

Daytime Telephone number

mimialliance1@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

October 14, 2015

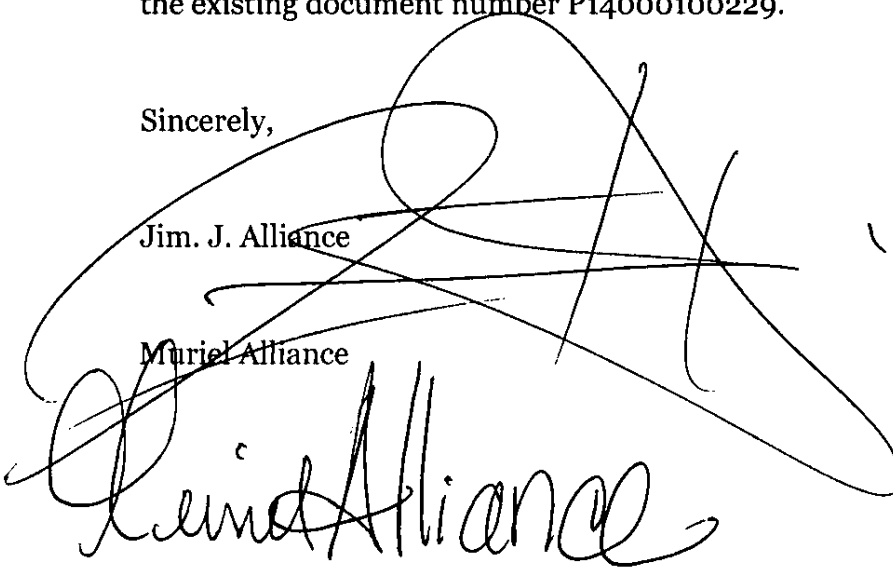
To: Florida Department of State
Division of Corporations

This letter is to certify that Muriel Alliance and Jim J. Alliance, principal owner/president and vice president of Alliance Group Enterprise INC. have no intention of reinstating document number P14000100229. This document number is currently at an inactive status under the Florida profit corporation name, Alliance Group Enterprise INC. Please be aware that while we will retain the entity name, Alliance Group Enterprise INC. with the new filing of a profit corporation application we will not be submitting a reinstatement application of any kind for the existing document number P14000100229.

Sincerely,

Jim. J. Alliance

Muriel Alliance

A large, stylized handwritten signature in cursive script, appearing to read "Muriel Alliance", is written over the printed name and extends across the middle of the page.

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: ALLIANCE GROUP ENTERPRISE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2911 S CONGRESS AVE. SUITE 101
PALM SPRINGS, FL 33461

Mailing address, if different is:
1690 RENAISSANCE COMMONS BLVD.
UNIT 1615
BOYNTON BEACH, FL 33426

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide financial services to individual and small business clients
seeking professional consultation within the realm of managing finances.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>JIM J. ALLIANCE/ PRES.</u>	Name and Title:	_____
Address	<u>1690 RENAISSANCE COMMONS BLVD</u>	Address:	_____
	<u>UNIT 1615</u>		_____
	<u>BOYNTON BEACH, FL 33426</u>		_____

Name and Title:	<u>MURIEL ALLIANCE-VICE PRESIDENT</u>	Name and Title:	_____
Address	<u>1690 RENAISSANCE COMMONS BLVD</u>	Address:	_____
	<u>UNIT 1615</u>		_____
	<u>BOYNTON BEACH, FL 33426</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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: JIM J. ALLIANCE
Address: 1690 RENAISSANCE COMMONS BLVD.
UNIT 1615 BOYNTON BEACH, FL 33426

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ARTICLE VII INCORPORATOR

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

Name: MURIEL ALLIANCE
Address: 1690 RENAISSANCE COMMONS BLVD
UNIT 1615 BOYNTON BEACH, FL 33426

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

10/20/2015

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

10/20/2015

Date