91600006295

(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:

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T. SCOTT



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16 JAN 11 PH 2: 10



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 4, 2016

ARMINIO GONZALEZ 501 MONTEREY SQUARE BOYNTON BEACH, FL 33436

SUBJECT: ALEXANDRES CORPORATION

Ref. Number: W1600000128

We have received your document for ALEXANDRES CORPORATION 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 916A00000055

COVER LETTER

lexandres Corporation (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

SUBJECT:

Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:			
\$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 PPY REQUIRED			
FROM: Arminio Gonzales Name (Printed or typed) 501 monterey Square Address Boynton Beach Fl 33436 City, State & Zip B13 4/43967 Daytime Telephone number Clexandraconzales 78 @ yahoo.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)

The name of the corporate	ME oration shall be:	Alexand	res	Con	rboration)	_
ARTICLE II PRI	NCIPAL OFFICE Principal <u>street</u> a	address		1	Mailing address, if differ	rent is:	
501 mor	nterey	Square					
Boynton	Beach	FI 334	36				
ARTICLE III PUR The purpose for which	RPOSE the the corporation is	organized is:	mm	erci	ial	4	· gik j
Janitor	A	Servi				6	erit, pag apilite espagni
>						e Myze officer warrete	* X *
						<u></u>	
	1					<u>~</u>	, No.
	Boyn to	Gonzalez interey Sq n Beac	Pres Nam	ress:	Dolce Gonz 501 mont Dounton	erey Bea	8.9 ch
		<u>33436*</u>		1-		43	
Name and Ti		•	_		· · · · · · · · · · · · · · · · · · ·		
Address	Boyn for	nonterey of	SY Add	ress:			
	#1 3	33436					
Name and Ti	ile: Or lando	Betano	OUT Nam	Affice	e/ 		
Address		interey 85					
	Doynto	n Beac	h_				
		33436	<u> </u>				

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: Arminio Gov	139 lez
Address: 501 montere	zy 8g
Boynton Bead	<u>a Fl</u> 33 436
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	•
Name: Arminio Con:	<u>3ale3</u>
Address: 50 monter	ey SA
Boynton Bea	<u>ch fl</u> 33 436
ARTICLE VIII EFFECTIVE DATE:	(ORTIONIAL)
(If an effective date is listed, the date must be specifically after the filing.)	. (OPTIONAL) Tic and cannot be more than five business days prior or 90 business
Note: If the date inserted in this block does not meet the document's effective date on the Department of States	he applicable statutory filing requirements, this date will not be listed as ate's records.
	ice of process for the above stated corporation at the place designated in intment as registered agent and agree to act in this capacity
Regained Signature/Register	12/14/2015
	ed Agent Date
I submit this document and affirm that the facts state document to the Department of State constitutes a third	ed herein are true. I am aware that the false information submitted in a I degree felony as provided for in s.817.155, F.S.
Regulared Signature/Incorporator.	12/14/2015
Required Signature Incorporator.	Date

-____.