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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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FLORIDA PROFIT/NON PROFIT CORPORATION
AMERICAN ALPHA APPAREL, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

02-25-15

7

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: AMERICAN ALPHA APPAREL, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 8189 Austrian Boulevard
Punta Gorda, Florida 33982
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: All legal purposes.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Mary Rogner, Pres., VP, Sec.</u>	Name and Title:	_____
Address:	<u>8189 Austrian Boulevard</u> <u>Punta Gorda, Florida 33982</u>	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

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TALLAHASSEE, FLORIDA
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(cont.)

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: Michael F. Savage, Esquire
 Address: 126 E. Olympa Ave., Suite 301
Punta Gorda, Florida 33950

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mary Rogner
 Address: 8189 Austrian Boulevard
Punta Gorda, Florida 33982

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

2/18/16
 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.

Mary Rogner
 Required Signature/Incorporator

2/18/16
 Date