

P16000080446

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DIVISION OF CORPORATIONS
16 OCT -3 AM 10:24

W16-064167

10/04/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations



RECEIVED
16 OCT -3 PM 2:53
DIVISION OF CORPORATIONS
INFORMATION SERVICES

September 16, 2016

SUJEI SANCHEZ
108 HAMMOCKS CT.
GREENACRES, FL 33463

SUBJECT: ISABEL ALEXANDER INC.
Ref. Number: W16000064167

We have received your document for ISABEL ALEXANDER INC. and your check(s) totaling \$70.00. 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.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

The registered agent must have a Florida street address. A post office box is not acceptable.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 416A00019864

COVER LETTER

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

SUBJECT: _____

Isabel Alexander 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: _____

Sujei G. Sanchez

Name (Printed or typed)

108 Hammocks Court

Address

Greenacres, FL 33463

City, State & Zip

561-306-0467

Daytime Telephone number

Sujei @ comcast.net

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

FIN: 81-3460712

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: ISABEL ALEXANDER INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

5801 SOUTH DIXIE HWY

WEST PALM BEACH, FL 33405

Mailing address, if different is:

108 HAMMOCKS COURT

GREENACRES, FL 33413

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SUBCONTRACTING OUT OF LAZZO MARTIN INSURANCE AGENCY LOCATED AT 5801 SOUTH DIXIE HWY

WEST PALM BEACH, FL 33405

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SUJEI G. SANCHEZ-P

Name and Title: _____

Address 108 HAMMOCKS COURT

Address: _____

GREENACRES, FL 33405

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: SUJEI G. SANCHEZ
Address: 108 HAMMOCKS COURT
GREENACRES, FL 33413

ARTICLE VII INCORPORATOR

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

Name: SUJEI G. SANCHEZ
Address: 108 HAMMOCKS COURT
GREENACRES, FL 33413

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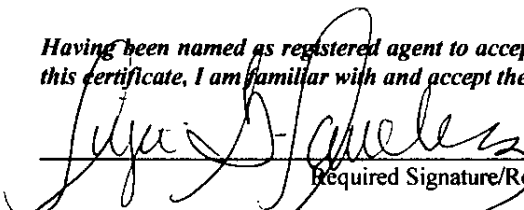
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9/9/2016 (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

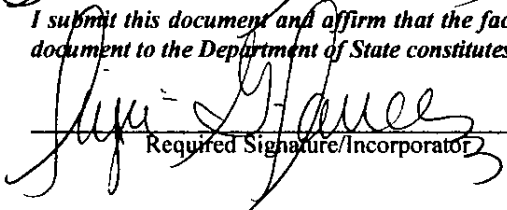


Required Signature/Registered Agent

9/9/2016

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

9/9/2016

Date