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17 JUN 26 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 27 2017  
K. Brumbley

## COVER LETTER

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

**SUBJECT:** ALE-FER SERVICES CORP.

(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:** FERNEY FRANCO

\_\_\_\_\_  
Name (Printed or typed)

1917 PLAYERS PLACE

\_\_\_\_\_  
Address

NORTH LAUDERDALE, FL 33068

\_\_\_\_\_  
City, State & Zip

954-805-5891

\_\_\_\_\_  
Daytime Telephone number

srs\_aleferservices@hotmail.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: ALE-FER SERVICES CORP,

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1917 Players Place

North Lauderdale, Fl 33068

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Diagnose, Repair and Replace Air Bag System on Vehicle and others

**ARTICLE IV SHARES**

The number of shares of stock is: 100 @ \$1,00

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Ferney Franco - Director

Name and Title: Simon Alejandro Ruiz - Sub-Director

Address 1917 Players Place

Address: 9101 NW 5th ST.

North Lauderdale, Fl 33068

Pembroke Pines, Fl 33024

Ph: 954 805 5891

Ph: 754 245 2939

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Ferney Franco

Address: 1917 Players Place

North Lauderdale, FL 33068

**ARTICLE VII INCORPORATOR**

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

Name: Ferney Franco

Address: 1917 Players Place

North Lauderdale, FL 33068

**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 days prior or 90 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

6/22/17

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

6/22/17

Date