

1/16/2019

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Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ALLIANCE SERVICES OF FLORIDA INC**

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

FILED
19 JAN 16 AM 11:18
TALLAHASSEE, FLORIDA

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JAN 17 2019

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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 SERVICES OF FLORIDA INC

ARTICLE II PRINCIPAL OFFICE
Principal street address: 2210 SW 89 AVENUE Mailing address, if different is: SAME
MIAMI FL 33165

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACTIVITY PERMITTED BY
THE LAWS OF THIS STATE

ARTICLE IV SHARES
The number of shares of stock is: 100 SHRS PAR \$1PER/SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>ISELE SALAZAR-PRES</u>	Name and Title:	_____
Address	<u>2210 SW 89 AVE</u>	Address:	_____
	<u>MIAMI FL 33165</u>		_____

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

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

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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: ISELE SALAZAR-PRES
Address: 2210 SW 89 AVE
MIAMI FL 33165

ARTICLE VII INCORPORATOR

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

Name: ISELE SALAZAR-PRES
Address: 2210 SW 89 AVE
MIAMI FL 33165

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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

Iselle Salazar

Required Signature/Registered Agent

01/15/19

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.

Iselle Salazar

Required Signature/Incorporator

01/15/19

Date

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