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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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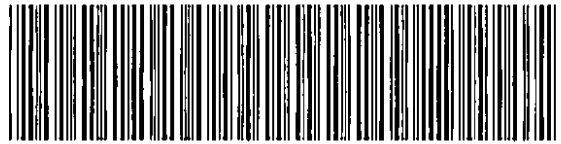
Certified Copies _____ Certificates of Status _____

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20 JAN 15 PM 12:52

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COVER LETTER

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

SUBJECT: Alfi International 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Alfonso Antonio Perez Cardenas
Name (Printed or typed)

10011 Pines Blvd Ste 103
Address

Pembroke Pines FL 33024
City, State & Zip

954-559-2159
Daytime Telephone number

professionals-contact@gmail.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: Alfa International Corp.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
10011 Pine Blvd SK 103
Pembroke Pines FL 33024

Mailing address, if different is:
10011 Pine Blvd SK 103
Pembroke Pines FL 33024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Export and import.
Also Marketing

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS President

Name and Title: Alfonso Antonio Perez Cardenas Name and Title: _____

Address: 16742 SW 12th Address: _____
Pembroke Pines FL 33027

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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2020 JAN 15 PM 12:28

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:

Alfonso Antonio Perez Gendelario

Address:

16742 SW 12 St.

Pembroke Pines FL 33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Alfonso Antonio Perez Gendelario

Address:

16742 SW 12 St.

Pembroke Pines FL 33027

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

Date

1-13-2020

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

Date

1-13-2020