

P20000025044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

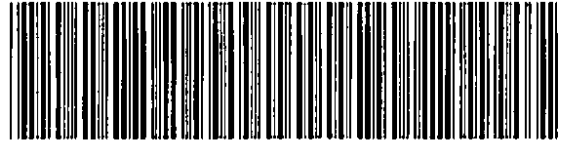
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/23/20--01025--000 \*\*70.00

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D O'KEEFE  
MAR 24 2020

FILED  
20112-0 11 9:52  
MAR 24 2020  
MAR 24 2020

W20-16582



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2020

DAPHNE L MCBRIDE  
1320 NW 28TH AVE 228  
OPALOCKA, FL 33054

SUBJECT: DAPHNE L MCBRIDE INC  
Ref. Number: W20000016582

We have received your document for DAPHNE L MCBRIDE INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the enclosed forms and return.

Please return 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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 120A00003528

FILED  
2020 MAR -9 PM 9:52  
TALLAHASSEE, FLORIDA

RECEIVED  
2020 MAR -9 PM 12:24  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: \_\_\_\_\_  
(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:

DAPHNE L. McBLIDE INC.  
Name (Printed or typed)

13201 N.W. 28th Ave #208  
Address

OPH. LockH 71 33054  
City, State & Zip

786-300-7184  
Daytime Telephone number

dm8994557@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:

Alpha L MCB, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13201 N.W. 28th Ave #228  
OpH - LockH, Fl. 33054

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES, CLEANING &  
CONCRETE

ARTICLE IV SHARES

The number of shares of stock is:

100% 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

CHARLES H. MCBride

Address

13201 N.W. 28th Ave  
OpH - LockH, Fl. 33054

Name and Title:

CHARLES H. MCBride

Address:

13201 N.W. 28th Ave  
OpH - LockH, Fl. 33054

Name and Title:

COLLEEN T. MCBride

Address

13201 N.W. 28th Ave  
OpH - LockH, Fl. 33054

Name and Title:

Name and Title:

Address

Name and Title:

Address:

2000-01-01 13:52

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: Lephine L McBride

Address: 13501 N.W. 28th Ave  
Op11-LockH 71 33054

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lephine L McBride

Address: 13501 N.W. 28th Ave #228  
Op11-LockH 71 33054

**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*

Lephine L McBride  
Required Signature/Registered Agent

02-28-20  
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.*

Lephine L McBride  
Required Signature/Incorporator

02-28-20  
Date