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To:				7 ;	=:	020	_
	Division of Cor	porations			<u> </u>	APR	T
	Fax Number	: (850)617-6381			1		
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From:					· m =	_	,
	Account Name	: LAZARUS CORPORA	TE FILING SERVICE	E. INC.		P	[]
	Account Number			-,			;
	Phone	: (305)552-5973				÷-	٠
	Fax Number	: (305)675-5944				വ	
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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 ALPHA DOORS, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

ALPHA DOORS, INC	
ARTICLE II PRI	NCIPAL OFFICE:
The principal street addres	s and mailing address is:
11212 SW 129 PLACE	
MIAMI, FL 33186	
ARTICLE III SHARES: The number of	f shares of stock is: 100 PR
ARTICLE IV INITIAL, DIRE	CTORS AND/OR OFFICERS: 82
RAMON QUINTERO - PRE	i:
LISSETTE PEREZ- SEC	
	- ဟ ယ
ARTICLE V INITIAL REGISTERE	D ACENT AND CORPETY AINDRESS
The name and Florida street address (PO Box	
RAMON QUINTERO	
11212 SW 129 PLACE	0.
Miami FL 3318	36
ARTICLE VI INCORPORATOR: The	e name and address of the Incorporator is:
RAMON QUINTER	0
11212 SW 129 PL	ACE
MIAMI FL	33186

Required Signatures:

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

Kegistered Agent

4/13/2020

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.

Incorporator

Date