

**P2000072746**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : PEDRO LUZQUINOS  
Account Number : 120170000042  
Phone : (954) 655-8413  
Fax Number : (954) 432-8807

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

Email Address: PLUZQUINO1F@HOTMAIL.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**ALFA Y OMEGA SMART KITCHEN INC**

Certificate of Status	0
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Corporate Filing Menu

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**COVER LETTER**

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

**SUBJECT:** ALFA Y OMEGA SMART KITCHEN INC.

(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:** JERSON J. GONZALEZ

Name (Printed or typed)

4701 SW 45TH ST UNIT 2006

Address

DAVIE, FL 33314

City, State & Zip

(954) 655-8413

Daytime Telephone number

PLUZQUINOSF@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

2020 SEP 17 AM 10:30  
STATE  
TALLAHASSEE, FL

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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: ALFA Y OMEGA SMART KITCHEN INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address  
4701 SW 45TH ST UNIT 2006DAVIE, FL 33314

Mailing address, if different is:

4701 SW 45TH ST UNIT 2006DAVIE, FL 33314**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JERSON J. GONZALEZ (P)Address: 8660 TAFT ST  
PEMBROKE PINES, FL 33024

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

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

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

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

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

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

2020 SEP 17 AM 10:30  
STATE OF FLORIDA

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: JERSON J. GONZALEZ  
Address: 8660 TAFT ST.  
PEMBROKE PINES, FL 33024

**ARTICLE VII INCORPORATOR**

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

Name: JERSON J. GONZALEZ  
Address: 8660 TAFT ST.  
PEMBROKE PINES, FL 33024

**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

09/16/2020

\_\_\_\_\_  
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

09/16/2020

\_\_\_\_\_  
Date

H200003235023

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OFFICE, FL