

P2000078008

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
ALCOB HOLDINGS INC**

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

2020 OCT -8 PM 12:57

2020 OCT -8 PM 2:14

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: ALCOB HOLDINGS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

7511 NW 64 STTamarac FL 33321**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: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ALISHA KUTTIYANI -Pres. Name and Title: JACOB ZACHARIAH - VPAddress: 7511 NW 64 ST Address: 7511 NW 64 ST
Tamarac FL 33321 Tamarac FL 33321

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2021 OCT - 8 PM 12:57
FILE

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ALISHA KUTTIYANI
Address: 7511 NW 64 ST
Tamarac FL 33321

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ALISHA KUTTIYANI
Address: 7511 NW 64 ST
Tamarac FL 33321

2020 OCT -8 PM 12:57
DATE
FILE**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.)

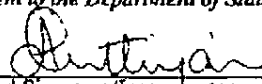
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10/6/2020
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

Date 10/6/2020