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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ALL TOWN SERVICES LLC
Account Number : I20200000045
Phone : (305)916-8552
Fax Number : (305)402-0978

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

Email Address: Alltownservices@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
ALPHA STATE CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

J. FASON

NOV 03 2020

2020 NOV -2 AM 9:40:02
2020 NOV -2 AM 10:07

NOV 03 2020

Electronic Filing
Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: Alpha State 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: BRIGHT DAYS LLC

Name (Printed or typed)

8100 OAK LN #405

Address

MIAMI LAKES FL 33016

City, State & Zip

786-588-0244

Daytime Telephone number

BRIGHTDAYS11@YAHOO.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 State Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8100 OAK LN #405

MIAMI LAKES FL 33016

Mailing address, if different is:

8004 NW 154 ST #195

MIAMI LAKES FLORIDA 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BRIGHT DAYS LLC

P

Name and Title: _____

Address 8100 OAK LN #405

Address: _____

MIAMI LAKES FL 33016

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2020 NOV - 2 AM 10:07

STATE
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: BRIGHT DAYS LLC
 Address: 8100 OAK LN #405
MIAMI LAKES 33016

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: BRIGHT DAYS LLC
 Address: 8100 OAK LN #405
MIAMI LAKES FL 33016

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: NOV-01-2020 (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*

Ernesto Jimenez Ernesto Jimenez
 Required Signature/Registered Agent

Oct 31 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.

Ernesto Jimenez Ernesto Jimenez
 Required Signature/Incorporator

Oct 31 2020
 Date

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 RECEIVED
 STATE