

P210004118

Florida Department of State
Division of Corporations
Electronic Filing Governance

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To:

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

From:

Account Name : CERTIFIED TAX AND ACCOUNTING, LLC
Account Number : I20200000172
Phone : (786)553-4040
Fax Number : (305)513-5669

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

Email Address: AuroraMaria64@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
ALEX BRIGHT, CORP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

COVER LETTER

H210001821263

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

SUBJECT:

Alex Bright 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

Filing Fee

☒ \$78.75

Filing Fee

& Certificate of Status

☐ \$78.75

Filing Fee

& Certified Copy

☐ \$87.50

Filing Fee,

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:

Aurora M. Morejon

Name (Printed or typed)

9521 W. Heather LN

Address

Miramar FL 33125

City, State & Zip

786-715-6181

Daytime Telephone number

auroramaria64@gmail.com

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

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

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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:

Alex Bright Corp**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address9521 W Heather LN

Mailing address, if different is:

Miramar, FL 33025**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Behavior & Social Services**ARTICLE IV SHARES**

The number of shares of stock is:

100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Aurora M. Morejon (P)

Name and Title:

Address:

9521 W Heather LN

Address:

Miramar, FL 33025

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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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: Certified Tax and Accounting, LLC
Address: 361 Westward Dr.
Miami Springs, FL 33146

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Aurora M. Morejon
Address: 9521 W Heather LN
Micamoc, FL 33025

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 3/11/2021 (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

[Signature]
Required Signature/Registered Agent

3/11/2021
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.

[Signature]
Required Signature/Incorporator

Date