

7/1/2021

Division of Corporations

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 : LEGALINC CORPORATE SERVICES INC.  
Account Number : 120180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

SECRETARY OF STATE  
TALLAHASSEE, FL

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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**

**Alex Gitta, Inc.**

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

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July 6, 2021

LEGALINC CORPORATE SERVICES

SUBJECT: AGT ENTERPRISES, INC.  
REF: W21000096351

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan FAX Aud. #: H21000257090  
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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 GITHA, INC. -

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

200 NE 2 Ave #209  
DeLray Bch FL 33444

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Doing business in FL

### ARTICLE IV SHARES

The number of shares of stock is:

500

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Alexander SARIANO  
200 NE 2 Ave #209  
DeLray Bch FL 33444

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Alexander SARIANO  
200 NE 2 Ave #209  
DeLray Bch FL 33444

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Alexander SARIANO  
200 NE 2 Ave #209  
DeLray Bch FL 33444

\*\*\*\*\*  
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/Registered Agent

Signature/Incorporator

Date

Date

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