

P21000104222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

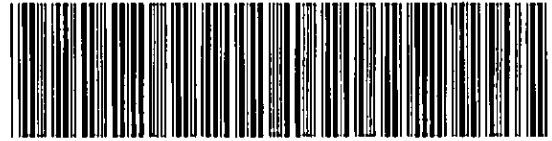
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEC 14 2021

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DEC 16 2021

T. SCOTT

COVER LETTER

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

SUBJECT: ALFREDO SOLUTIONS, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ALFREDO ARAUJO

Name (Printed or typed)

10904 SW 146 COURT

Address

MIAMI, FL 33186

City, State & Zip

(786)234-5312

Daytime Telephone number

alfredo_araujo32@hotmail.com

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

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

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: ALFREDO ARAUJO

Address: 10904 SW 146 COURT. MIAMI, FL 33186

ARTICLE VII INCORPORATOR

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

Name: ALFREDO ARAUJO

Address: 10904 SW 146 COURT. MIAMI, FL 33186


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2022 (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

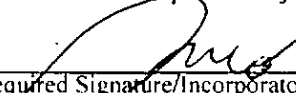


Required Signature/Registered Agent

12/03/2021

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.



Required Signature/Incorporator

12/03/2021

Date

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: ALFREDO SOLUTIONS, INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
10904 SW 146 COURT, MIAMI, FL 33186

Mailing address, if different is:

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: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALFREDO ARAUJO, P Name and Title: _____

Address 10904 SW 146 COURT, MIAMI, FL 33186 Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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ALFREDO ARAUJO
10904 SW 146 COURT
MIAMI, FL 33186

December 03, 2021

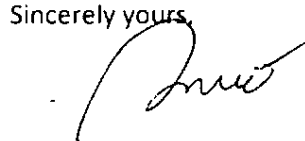
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: ALFREDO SOLUTIONS, INC

This letter is to advise you that the owner of **ALFREDO SOLUTIONS, INC** Document No. **P17000093744** is the same owner of the enclosed articles of Organization. We have dissolved the corporation on September 25, 2020 and have no intent of reopening it.

Thank you for your attention to this matter.

Sincerely yours,



Alfredo Araujo
President

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority appeared ALFREDO ARAUJO, personally known and acknowledged that he executed the foregoing instrument for the purposes expressed therein.

WITNESS my hand and seal in the State and County aforesaid, this 3 day of December 2021.



Lisa Alexandra Otero
Notary Public

My Commission Expires: 07/20/2024

