

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 : LAZARUS CORPORATE FILING SERVICE, INC.
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Phone : (305)552-5973
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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
ALFONSO SEPTIC SOLUTIONS INC.**

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

- **ARTICLE I NAME:** The name of the corporation is:

Alfonso Septic Solution INC.

- **ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1391 W 36st
Hialeah FL
33012

- ARTICLE III SHARES:** The number of shares of stock is: 100

- **ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Saturnina Renier Alfonso (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Saturnina Renier Alfonso
1391 W 36 ST.
Hialeah FL 33012

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Saturnina Renier Alfonso
1391 W 36 ST.
Hialeah FL 33012

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CLERK OF DISTRICT COURT
DADE COUNTY, FLORIDA

Required Signatures:

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

Latunja M. Davis 3-4-22
Registered Agent 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.

Latunja M. Davis 3-4-22
Incorporator Date



DEPARTMENT OF STATE
FLORIDA

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