

P220000 27920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

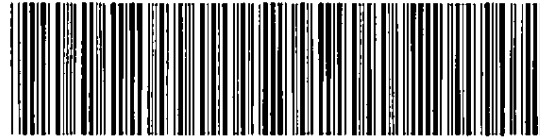
Certified Copies _____ Certificates of Status _____

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T. SCOTT

APR 13 2022



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04/13/22--01014--005 **78.75

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2022 APR 13 AM 10:50

CLERK OF COURT
ALACHASSEE, FLORIDA

22 APR 13 PM 12:43
CLERK OF COURT
ALACHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Alliance US Services 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: Maria ^{E.} Uribe
Name (Printed or typed)

2820 Michigan Ave Suite A
Address

Kissimmee, FL 34744
City, State & Zip

689-242-3652
Daytime Telephone number

dac.construction.svc@gmail.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

Alliance US Services Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

2820 Michigan Ave suite A
Kissimmee, FL 34741

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All lawfull and Business

purposes

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Martha Isabel Chaves

President

Name and Title:

Martha Isabel Chaves

Address

2820 Michigan Ave Ste A
Kissimmee, FL 32824

Address:

Name and Title:

Nancy Leticia Laborioso

Vice-President

Name and Title:

Address

89 Sand Dollar Key Dr
Ocoee, FL 34761

Address:

Name and Title:

E
Marta Uribe -Treasurer

Name and Title:

Address

1723 Plantation Pointe Dr
Orlando FL, 32824

Address:

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: Maria E Uribe
Address: 1723 Plantation Pointe Dr
Orlando, FL 32824

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maria E Uribe
Address: 1723 Plantation Pointe Dr
Orlando, FL 32824

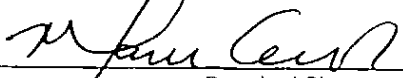
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (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

04/13/21

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

04/13/21

Date