

P220000 27920

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

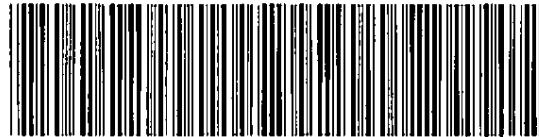
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COVER LETTER

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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee.
 & Certified Copy Certified Copy
 Status & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Maria Uibe

Name (Printed or typed)

2820 Michigan Ave Suite A

Address

Kissimmee, FL 34744

City, State & Zip

689-242-3652

Daytime Telephone number

dacconstructionsvcs@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 Osaki

Address

2820 Michigan Ave Ste A Address:
Kissimmee, FL 34741

Name and Title:

Nancy Leticia Laborcio ^{Vice-President} Name and Title:

Address

89 Sand Dollar Key Dr Address:
Ocoee, FL 34761

Name and Title:

Marta Uribe ^{Treasurer} Name and Title:

Address

1723 Plantation Pointe Dr Address:
Orlando FL, 32824

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

Maria E Uribe

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.

Maria E Uribe

Required Signature/Incorporator

04/13/21

Date