

**p22000074671**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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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
ALTERNATIVE SERVICES SOLUTIONS CORP**

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

2022 SEP 27 PM 3:20

2022 SEP 27 AM 2:02

De

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:ALTERNATIVE SERVICES SOLUTIONS CORP**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1840 W 49TH ST Suite 726HialeahFL 33012**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Antonio Valdez (P)  
  
  
  
  
**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**


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

Antonio Valdez1840 W 49th St Suite 726Hialeah FL 33012**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Antonio Valdez1840 W 49th St Suite 726Hialeah FL 33012

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**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

\_\_\_\_\_  
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.

\_\_\_\_\_  
Incorporator\_\_\_\_\_  
Date

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