

Florida Department of State
P23000047930
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
ALPHA MOBILITY INC**

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

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DIVISION
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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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:

ALPHA MOBILITY INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

1110 BRICKELL AVENUE

MIAMI, FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO TRANSACT ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

200 SHARES PAR VALUE @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIO RICCIO PD

Name and Title:

Address 1110 BRICKELL AVENUE

Address:

MIAMI, FL 33131

Name and Title: DANIELE DELLE FEMINE VP.

Name and Title:

Address 1110 BRICKELL AVENUE

Address:

MIAMI, FL 33131

Name and Title:

Name and Title:

Address

Address:

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARJO RICCIO

Address: 1110 BRICKELL AVENUE

MIAMI, FL 33131

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MARIO RICCIO

Address: 1110 BRICKELL AVENUE

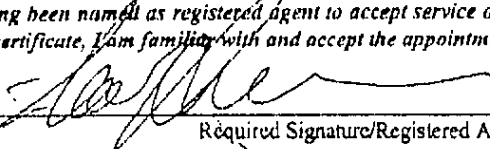
MIAMI, FL 33131

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

06/08/2023

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 § 817.155, F.S.



 Required Signature/Incorporator

06/08/2023

Date

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