

Page: 14 103-10 1645 1645  
**P23000073581**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000337782 3)))

RECEIVED  
2023 OCT 13 PM 3:08



H230003377823ABC2

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : CA BOOKKEEPING AND PAYROLL SERVICES INC  
Account Number : 120230000067  
Phone : (786)992-1894  
Fax Number : (786)364-1645

**\*\*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**  
**ALPEC GROUP CORP**

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

H230003377823

ATX1

**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: ALPEC GROUP CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address1300 CORAL WAY SUITE 306MIAMI, FL 33145

Mailing address, if different is:

1300 CORAL WAY SUITE 306MIAMI, FL 33145**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MAURO F EBERLE, PRESIDENT

Name and Title: \_\_\_\_\_

Address: 1300 CORAL WAY SUITE 306

Address: \_\_\_\_\_

MIAMI, FL 33145

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

H230003377823

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: MAURO FEBERLE  
Address: 1300 CORAL WAY SUITE 306  
MIAMI, FL 33145

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:


Name: MAURO FEBERLE  
Address: 1300 CORAL WAY SUITE 306  
MIAMI, FL 33145

**ARTICLE VIII EFFECTIVE DATE:**


Effective date, if other than the date of filing: 09/25/2023 (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 09/25/2023  
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 s.817.155, F.S.*

 \_\_\_\_\_  
Required Signature/Incorporator 09/25/2023  
Date

H230003377823

850-617-6381

9/27/2023 3:28:40 PM PAGE 1/001 Fax Server



September 27, 2023

## FLORIDA DEPARTMENT OF STATE

Division of Corporations

CA BOOKKEEPING AND PAYROLL SERVICES INC

SUBJECT: PREMIUM SOLUTIONS CORP

REF: W23000132230

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L18000033761.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham  
Regulatory Specialist III  
Director's Office

FAX Aud. #: H23000337782  
Letter Number: 823A00022385