

P23000082087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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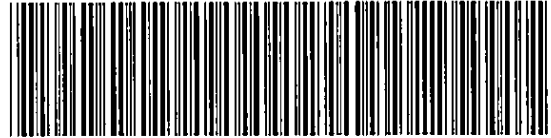
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/21/23--01027--005 **70.00

STATE
TALLAHASSEE, FL

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COVER LETTER

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

SUBJECT: ALEXEY AI, INC.
(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
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: JAMES O'Brien
Name (Printed or typed)

3201 S. Dale Mabry Hwy Suite 103 D
Address

TAMPA, FLORIDA 33629
City, State & Zip

(813) 842 4825
Daytime Telephone number

jin@doctorriscile.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles

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TALLAHASSEE, FL
STATE

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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: Alexey AI, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 3301 S Dale Mabry Hwy Suite 103 D
Tampa, Florida 33629
Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct any lawful
activities of a For profit Florida Corporation.

ARTICLE IV SHARES

The number of shares of stock is: 15,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James O'Brien Treasurer Name and Title: _____

Address: 3301 S. Dale Mabry Hwy Address: _____
Suite 103 D
Tampa, FL 33629

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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STATE
TAMPA, FL

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: JAMES O'BRIEN
Address: 3201 S. Dale Mabry Hwy Suite 103D
TAMPA, FLORIDA 33629

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JAMES O'BRIEN
Address: 3201 S. Dale Mabry Hwy Suite 103D
TAMPA, FLORIDA 33629

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JANUARY 1ST 2024 (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:

James O'Brien
Required Signature Registered Agent

11/14/2023
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.

James O'Brien
Required Signature Incorporator

11/14/2023
Date

DP
TALLAHASSEE, FL
DATE

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activities of a For profit Florida Corporation.

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James O'Brien treasurer Name and Title: _____

Address 3201 S. Dale Mabry Hwy Address: _____
Suite 103 D
Tampa, FL 33629

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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STATE
TALLAHASSEE, FL

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: JAMES O'Brien
Address: 3201 S. Dale Mabry Hwy Suite 103D
TAMPA, FLORIDA 33629

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James O'Brien 11/14/2023
Required Signature/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.

James O'Brien 11/14/2023
Required Signature/Incorporator Date

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CLERK OF COURT
TALLAHASSEE, FL