

To:

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62477

From: Yanet Avila

**P24000070597**

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

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

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME ALPHA EQUITIES INC  
The name of the corporation shall be: \_\_\_\_\_

ARTICLE II PRINCIPAL OFFICE  
Principal ~~street~~ address Mailing address, if different is:  
\_\_\_\_\_  
1200 BRICKELL AVENUE  
\_\_\_\_\_  
MIAMI, FL 33131  
\_\_\_\_\_

ARTICLE III PURPOSE TO TRANSACT ANY AND ALL LAWFULL BUSINESS  
The purpose for which the corporation is organized is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE IV SHARES 200 SHARES PAR VALUE @ \$1.00  
The number of shares of stock is: \_\_\_\_\_

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

|                 |                      |                 |       |
|-----------------|----------------------|-----------------|-------|
| Name and Title: | MARIO RICCIO, PD     | Name and Title: | _____ |
| Address         | 1200 BRICKELL AVENUE | Address:        | _____ |
|                 | MIAMI, FL 33131      |                 | _____ |
|                 | _____                |                 | _____ |

|                 |                          |                 |       |
|-----------------|--------------------------|-----------------|-------|
| Name and Title: | DANIELE DELLE FEMINE, VP | Name and Title: | _____ |
| Address         | 1200 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 AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

|          |                      |
|----------|----------------------|
| Name:    | MARIO RICCIO, PD     |
| Address: | 1200 BRICKELL AVENUE |
|          | MIAMI, FL 33131      |

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

|          |                      |
|----------|----------------------|
| Name:    | MARIO RICCIO, PD     |
| Address: | 1200 BRICKELL AVENUE |
|          | MIAMI, FL 33131      |

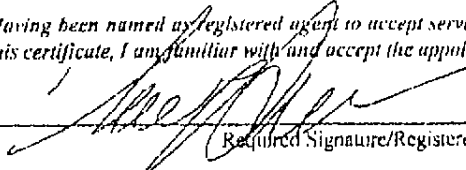
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

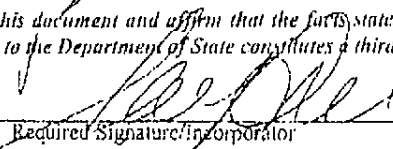
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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*

|                                                                                     |            |
|-------------------------------------------------------------------------------------|------------|
|  | 11/14/2024 |
| 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.*

|                                                                                     |            |
|-------------------------------------------------------------------------------------|------------|
|  | 11/14/2024 |
| Required Signature/Incorporator                                                     | Date       |

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