P24000070597

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.

(((H24000382463 3)))

H240003824633ABC%

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

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
ALPHA EQUITIES INC

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

RECEIVED 2024 NOV 18 PM 3:54

FILED 2024 NOV 18 AM 10:18 SECRETARY OF STATE TALLAHASSEE, FL

Electronic Filing Menu Corporate Filing Menu Help

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 EQUITIES INC

ARTICLE II PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is:
1200 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	1200 BRICKELL AVENUE MIAMI, FL 33131	Address:	
Name and Title:	DANIELE DELLE FEMINE, VP	Name and Title:	
Address	1200 BRICKELL AVENUE MIAMI, FL 33131	Address:	
Name and Title:		Name and Title:	
Address		Address:	

FILED
2024 NOV 18 AM 10:18
SECRETARY OF 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: MARIO RICCIO, PD

Address: 1200 BRICKELL AVENUE

MIAMI, FL 33131

FILED
2024 NOV 18 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FL

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