

P96000053137

LAW OFFICE
STEPHEN M. MARTIN, P.A.

1125 U.S. HIGHWAY 90 SOUTH
THE PLAZA CENTER, SUITE 300
LAKELAND, FLORIDA 33803

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POST OFFICE BOX 2705
LAKELAND, FLORIDA 33806-2705
TELEPHONE: (941) 683-0705
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May 24, 1996

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
MAY 24 1996

RE: Alpha Services, Inc.

Dear Sir or Madam:

Enclosed please find the original and one copy of the Articles of Incorporation as they pertain to the above-mentioned corporation for filing. Also enclosed is a check in the amount of \$70.00 to cover the filing fees (\$35.00) and registered agent designation (\$35.00). Once these Articles have been filed, please return a conformed copy of the Articles to my office.

Should you have any questions or need additional information, please feel free to contact me.

Sincerely yours,

Stephen M. Martin
STEPHEN M. MARTIN *acg*

SMM/acg
encl.

Dmc
6/4/96

~~1522~~

~~1196 11925~~

FILED
95 MAY 29 PM 12:35
TALLAHASSEE, FLORIDA

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904 222 0070
904 222 0944 FAX

800-142-8086



PROFESSIONAL
LEGAL & FINANCIAL SERVICES ACCOUNT NO. : 0721000000032

REFERENCE : 996353 144442A

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : June 21, 1996

ORDER TIME : 11:47 AM

ORDER NO. : 996353

CUSTOMER NO: 144442A

CUSTOMER: Stephen M. Martin, P.a.
STEPHEN M. MARTIN, P.A.

P. O. Box 2765

Lakeland, FL 33806-2765

DOMESTIC FILING

NAME: ALPHA SERVICES OF POLK
COUNTY, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Daniel W Leggett

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State

June 4, 1996

STEPHEN M. MARTIN, ESQ.
P.O. BOX 2765
LAKELAND, FL 33806-2765

SUBJECT: ALPHA SERVICES, INC.
Ref. Number: W96000011825

RESUBMIT

Please give original
submission date as file date.

We have received your document for ALPHA SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6923.

Doris McDuffie
Corporate Specialist Supervisor

Letter Number: 496A00027933

JUN 07 1996

ARTICLES OF INCORPORATION
OF
ALPHA SERVICES OF POLK COUNTY, INC.

FILED
95 MAY 29 PM 12:35
TALLAHASSEE, FLORIDA

FIRST: The name of this corporation is **ALPHA SERVICES OF POLK COUNTY, INC.**

SECOND: The general nature of the business or businesses to be transacted by this Corporation, together with and in addition to those powers conferred by the laws of Florida and the United States of America and the principles of common law upon corporations organized under and by virtue of the laws of Florida, is the maintenance, repair, move and set-up of manufactured homes.

THIRD: The maximum number of shares of stock that this Corporation is authorized to have outstanding at one time is Ten Thousand (10,000) shares of common stock having a par value of One Dollar (\$1.00) per share.

FOURTH: The amount of capital with which this Corporation will begin business is Five Hundred Dollars (\$500.00).

FIFTH: This corporation is to exist perpetually.

SIXTH: The initial street address of the principal office of this Corporation in the State of Florida is 1524 Easton Drive, Lakeland, Florida 33801.

SEVENTH: This Corporation shall have one (1) Director initially. The number of Directors may be increased from time to time by By-Laws adopted by the

Stockholders, but shall never be less than one (1)

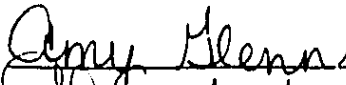
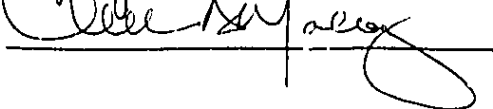
EIGHTH: The name and street address of the member of the first Board of Directors and subscribers to these Articles of Incorporation are:

**WILLIAM THOMAS MIMS 1524 Easton Drive
Lakeland, Florida 33801**

NINTH: The Registered Agent and his address for service of process of this Corporation is **WILLIAM THOMAS MIMS**, 1524 Easton Drive, Lakeland, Florida 33801.


TENTH: These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to a majority of stock entitled to vote thereon, unless all the Directors and all the Stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

WITNESSED:


WILLIAM THOMAS MIMS

I hereby declare that I am familiar with and accept the duties and responsibilities as registered agent for the above-named corporation.


WILLIAM THOMAS MIMS
As Registered Agent

STATE OF FLORIDA

COUNTY OF POLK

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared **WILLIAM THOMAS MIMS**, individually and as Registered Agent, to me known to be the person described as subscriber and registered agent, and who executed the foregoing Articles of Incorporation and acknowledged before me he subscribed to these Articles of Incorporation.

WITNESS my hand and official seal in the County and State named above, this 20th day of June, 1996.

(SEAL)



AMY GLENN
MY COMMISSION # CC 230051 EXPIRES
October 1, 1996
DONALD THRU TONY EARTH INSURANCE, INC

Amy Glenn
NOTARY PUBLIC
State of Florida at Large
My commission expires: