# MONSHIT ALVEST BY 430

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

000001997110 -08/30/96--01077--019 \*\*\*\*122.50 \*\*\*\*122.50

SUBJECT:	ALPHA	PRODUCT:	SCORP	
		orporate name - must includ	fe suffix)	
Enclosed is en	original and one (	1) copy of the articles	of incorporation and	d a check
<b>\$70</b>	0.00 🗍 \$78.	75 \$122.50	<b>\$131.25</b>	
•	FROM: <u>CH</u>	Name (printed or typed)  O 1 H AMMOC  Address	ILBERT KS BLVD. 4	153-220
	MIM	MI FL 32 City, State & Zip	196	
		5) 383 95 aytime Telephone number	TALLAHASSEE, FLORIDA	FILED  96 AUG 30 AH ID: 12

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

ph 95

## **ARTICLES OF INCORPORATION**

96 AUG 30 AU 10: 12
TALLAMASSEE, FLORIDA

OF

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

ALPHA PRODUCTS CORP.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

10201 HAMMOCKS BLVD SUITE 153-220 MIAMI, FL. 33196

### **ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

4000

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CHARLES GILBERT 10201 HAMMOCKS BLUD SUITE 153-220 MIAMI, FL 33196

### ARTICLE V INCORPORATORISI

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are):

CHARLES GILBERT P. O. BOX 161875 MIAMI, FL 3316

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

28 day of AUGUST 1996.

Signature

Signature

Articles of Incorporation Filing Fee - \$35

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is: ALPHA PRODUCTS CORP				
	15 y 96				
2.	The name and address of the registered agent and office is:				
	CHARLES CILBERT SEC 3 F				
	(Name)				
	10201 HAMMOCKS BLUD \$1 1 2220				
(P.O. Box not acceptable)					
	MIAMI FL 33196				
(City/State/Zip)					

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

1. MMed 8/28/96