TRANSMITTAL LETTER 77000091033
Department of State Division of Corporations P. O. Box 6327 Tullahassee, FL 32314 GOODO23252368 (U) -10/21/9701023005 ******70.00 *****70.00
SUBJECT: <u>ALPS</u> <u>TNCORPORATED</u> (Proposed corporate name - must include suffix)
Encrosed is an original and one (1) copy of the articles of incorporation and a check for X \$70.00 \$78.75 Filing Fee Filing Fee & Certificate Filing Fee Filing Fee, & Certificate Additional Copy Required
FROM: <u>AL</u> <u>CLARC</u> Name (printed or typed) <u>PG68</u> <u>PACK BLUD</u> <u>SUFFE</u> AHD: 07 Address <u>SrEminie (m. 33777 FLORIDA</u> City. State & Zip
City, State & Zip <u>8/3 - 3-93-1266</u> Daytime Telephone number
NOTE: Please provide the original and <u>one copy</u> of the articles.
10.23.97

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ARTICLES OF INCORPORATION

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 <u>A.L.P.S.</u> INCORORATED

ARTICLE II PRINCIPAL OFFICE

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

PO. BOX 86001 MADRAIA BEACH FLORIDA 33738

ARTICLE III SHARES

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

1000 SHARES NO PAR

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is

> Accounting & Tax Help, INC. 8668 PARK BLVD Suite .A SEMINOLE, Florida 33777

17 OCT 21

AM 10: 0

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation

is(are): PAUL VAN KEYMENLEN P.O. BOX 86001 MADERIA BIERCH FL. 33738

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

16 day of OcTO BER, 1997.

(An additional article must be added if an effective date is requested.)

Signature Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

AM 10: 0

2. The name and address of the registered agent and office is:

Accounting & Tax Help, INC. (Name)

8668PARK BLVD., Suite A (P.O. Box <u>not</u> acceptable)

SEMINOLE, Florida 33777 (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.

(Signature) let

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL