

P98000000403

TRANSMITTAL LETTER

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

SUBJECT: ALPHA ACCOUNTING SERVICES, INC
(Proposed corporate name - must include suffix)

100002387711--0
-12/31/97--01087--017
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: DIAN M EDWARDS
Name (Printed or typed)
271 20TH ST NE
Address
NAPLES, FL 34120
City, State & Zip
941-352-7065
Daytime Telephone number

FILED
97 DEC 31 AM 9:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

B. McKnight JAN 05 1998

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

ALPHA ACCOUNTING SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

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

271 20TH ST NE
NAPLES, FL 34120

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

DIAN M EDWARDS
271 20TH ST NE
NAPLES, FL 34120

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

JUNE EDWARDS
271 20TH ST NE
NAPLES, FL 34120

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TALLAHASSEE FLORIDA


Signature/Incorporator


Date

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

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/Registered Agent


Date