

TRANSMITTAL LETTER

P98000014468

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

600002428796--7
-02/12/98-01051-011
*****78.75 *****78.75

SUBJECT: ALPHA OFFICE TECHNOLOGIES INC.
(Proposed corporate name - must include suffix)

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: MICHAEL DEAN HORNER
Name (Printed or typed)

1111 OAK DR.

Address

LEESEURG, FL 34748

City, State & Zip

(352) 365-2964

Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB 12 AM 9:53

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

02-13-98

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 OFFICE TECHNOLOGIES INC.

ARTICLE II PRINCIPAL OFFICE

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

1111 OAK DR.
LEESBURG, FL 34748

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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


MICHAEL DEAN HORNER
1111 OAK DR.
LEESBURG FL, 34748

ARTICLE V INCORPORATOR

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

MIKE HORNER
1111 OAK DR.
LEESBURG FL 34748

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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