

TRANSMITTAL LETTER

P98000023912

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

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-03/12/98--01058--019
****131.25 ****131.25

SUBJECT:

ALPACROSS INC.

(Proposed corporate name - must include suffix)

98 MAR 12 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FL 32314

FILED

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: WOLFGANG BOHRINGER
Name (Printed or typed)

200 AVIATION DRIVE NORTH
Address

NAPLES, FL 34104
City, State & Zip

(941) 403-7922
Daytime Telephone number

F. CHESSEY MAR 13 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:

ALPACROSS INC.

ARTICLE II PRINCIPAL OFFICE

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

200 Aviation Drive North Naples, FL 34104

ARTICLE III SHARES

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

300

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

WOLFGANG BOHRINGER
200 Aviation Drive North Naples, FL 34104

ARTICLE V INCORPORATOR

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

LEA WEIGL
6255 18th AVE SW. NAPLES, FL 34116

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

FILED
98 MAR 12 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA