TRANSMITTAL LETTER

798000056120

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

SUBJECT:

	7000025673479 -06/22/9801026011 ******78.75 ******78.75	
INC.		
rate name - must inclu	de suffix)	
-		

Enclosed is an original and one(1) copy of the articles of incorporation and a check for	neck for:
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\$70.00	
Filing Fee	

\$78.75
Filing Fee
& Certificate

□\$122.50	\$131.25
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate

ADDITIONAL COPY REQUIRED

FROM:	MUJAHEDAHMED
11(01(1)	Name (Printed or typed)
	200 C2 CROSSWINDS
•	Address
	WEST PALM BEACH FL 33415
	City, State & Zip

City, State & Zip

(561) 642 0558

Daytime Telephone number

SECHETARY OF STATE
VISION OF CORPORATIONS

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 ETC., INC.

ARTICLE II PRINCIPAL OFFICE

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

CROSSWINDS WEST PALM BEACH FL, 33415

SHARES ARTICLE III

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:

MUJAHED AHMED

200 CZ_ CROSSWINDS

WPB FL 33415

INCORPORATOR

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

MUJAHED AHMED, PRESIDENT

200 CZ CROSSWINDS WP. B. FL 33415

M. Mujahed Shmed

Signature/Incorporator

(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

Mo Meijahed Shmed
Signature/Registered Agent