

P99000063550
TRANSMITTAL LETTER

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

000002928860--2

-07/12/99-01107-016

*****78.75 *****78.75

SUBJECT: Alpha NetWorks, 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: J. Frederick Hensley
Name (Printed or typed)

529 W. Shady Lane

Address

Lakeland, FL 33803-2049

City, State & Zip

941-687-6281

Daytime Telephone number

FILED
99 JUL 12 PM 2:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

7-16

Alpha NetWorks, Inc.

529 W. Shady Lane
Lakeland, FL 33803-2049

Phone: (941) 687-6281
Fax: (941) 686-1862

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.

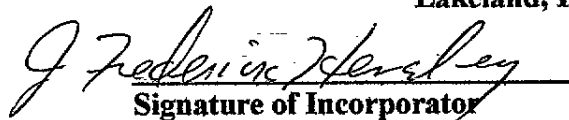
Article I The name of the corporation shall be:
Alpha NetWorks, Inc.

Article II The principle place of business and mailing address of this corporation shall be:
*529 W. Shady Lane
Lakeland, FL 33803-2049*

Article III The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100).

Article IV The name and address of the initial registered agent is:
*A. M. T. Hensley
529 W. Shady Lane
Lakeland, FL 33803-2049*

Article V The name and address of the incorporator to these Articles of Incorporation is:
*J. Frederick Hensley
529 W. Shady Lane
Lakeland, FL 33803-2049*


Signature of Incorporator

7-10-99
Date

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 of Registered Agent

7-10-99
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA