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 Department of State Division of Corporation P. O. Box 6327 			ALC 9	
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SUBJECT:	ALSAL,	AUC.	LOPA	
	(Proposed corpóral	e name - must include suff	ix) DE	0
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Enclosed is an original	and one(1) copy of the articles	s of incorporation and a	check for :	1
STO.00 Filing Fee	\$78.75Filing Fee& Certificate	□\$122.50 Filing Fee & Certified Copy	Siling Fee, Certified Copy & Certificate	
		ADDITIONAL CO	DPY REQUIRED	
FROM	A: <u>ALFREDO</u> Name (Prin	DENA		
	P.O. BOX	<u>620309</u> dress		-
	Oviedo, Fl	ate & Zip		·
		ephone number		
		1	C. GALMON CASE 7	UG 121999

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), 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: ALSAL, INC..

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: P.O. BOX 620309 OVIEDO, FL. 32765

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500 Shares of Common Stock, No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent is: ALFREDO PENA 2449 SOUTHERN HILLS COURT, OVIEDO, FL. 32762

ARTICLE V INCORPORATOR

The <u>names and address</u> of the incorporator to this Articles of Incorporation are: ALFREDO PENA D/P/T 2449 SOUTHERN HILLS COURT, OVIEDO, FI 32762 SARAH A. PENA D/VP/S 2449 SOUTHERN HILLS COURT, OVIEDO FL B2762 Whrebs Pena 8/5/99

MO-Signature/Incorporator

Incorporator

Signature/Incorporator

Date

Date

Signature/Incorporator

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 statues 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.

luia Signature/Registered Agent