:1000089229

(Requestor's Name)						
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SECRETARY OF STATE DIVISION OF CORPORATIONS

PS 10/12/11

COVER LETTER

Department of State
New Filing Section
Division of Corporations
• P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: QUIVA at HOME Ina.							
	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
Enclosed are an or	iginal 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 & Certificate of Status ADDITIONAL COPY REQUIRED						
FROM:	TERRY ADIER						
	20305 Biscarre blud						
	Address averyone FLA. 33180 City, State & Zip						
	3 05- 403- 26 22 Daytime Telephone number						
	GUIVA of homea) 6 may/. com E-mail address: (to be used for future annual report notification)						

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAM	Œ	•		•
The name of the corporat	ion shall be: AVIVA	AT Home I	nc.	
ARTICLE II PRI	NCIPAL OFFICE	•		
49	Principal street address BOCO FOTO	EHOPARK OU	Mailing address, if a 20305 (1)	different is: 91.5Caylo SW F19.33180
ARTICLE III PUR	POSE	3377		• • • • • • • • • • • • • • • • • • • •
The purpose for which the Ho,	the corporation is organized is:	COMPANION) [.]	
ARTICLE IV SHA	ARES Stock is: 100			
	TIAL OFFICERS AND/OR I			
Name and Title:_Address:	Westura FL	Name and Title Black Address:	20305 QUE nt	BISCarpe Rho
Name and Title:_ Address:		Name and Tit Address:	le:	
Name and Title: Address:		Name and Tit	le:	
-				SECTET I
ARTICLE VI RE	EGISTERED AGENT a street address (P.O. Box NOT	'againtable) of the registered o	antic	T 988
Name: Address:	NIA DICO	DEA BEach.	2160	OF STATE OR POR AT IC
	CORPORATOR			2 985
The <u>name and addre</u> Name:	ss of the Incorporator is:	0188)	•	
Address:	aue nova	SCALLE BAK		
Having been named this certificate. I am	as registered agent to accept se familiar with and accept the app	rvice of process for the above ointment as registered agent a	e stated corporation and agree to act in t	n at the place designated in his capacity
D\1	a Mcol/8/2			10/07/11
	Required Signature/Regist			Date
I submit this document to the Dep	nent and affirm that the facts st partment of State constitutes a th	ated herein are true. I am a ird degree felony as provided	vare that the false for in s.817.155, F.	information submitted in:a
	HOU			10/07/1
	Required Signature/Inc	corporator	•	Date