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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : SUPERBIZ.COM, INC.  
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DIVISION OF CORPORATIONS

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Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
ALVI'S INVESTMENT CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

AUG 27 2015  
S. GILBERT

H15000206397 3

**ARTICLES OF INCORPORATION**

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

**ARTICLE I      NAME**

The name of the corporation shall be:

ALVI'S INVESTMENT CORPORATION

**ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

1827 N JOG ROAD #206  
WEST PALM BEACH, FLORIDA 33411

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

**ARTICLE IV      SHARES**

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

**ARTICLE V      INITIAL OFFICERS / DIRECTORS**

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT  
RAINER CAPOTE ALFONSO  
1827 N JOG ROAD #206  
WEST PALM BEACH, FLORIDA 33411

DIRECTOR, PRESIDENT  
YAINELY VILLANUEVA AMADOR  
1827 N JOG ROAD #206  
WEST PALM BEACH, FLORIDA 33411

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15 AUG 26 AM 10:57  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF PALM BEACH

H15000206397 3

H15000206397 3

PAGE 2 ALVI'S INVESTMENT CORPORATION

**ARTICLE VI REGISTERED AGENT**

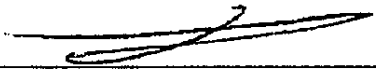
The name and Florida street address of the registered agent is:

RAINER CAPOTE ALFONSO  
1827 N JOG ROAD #206  
WEST PALM BEACH, FLORIDA 33411

**ARTICLE VII INCORPORATOR**

The name and street address of the incorporator is:

RAINER CAPOTE ALFONSO  
1827 N JOG ROAD #206  
WEST PALM BEACH, FLORIDA 33411

  
\_\_\_\_\_  
RAINER CAPOTE ALFONSO / Registered Agent

8/24/15  
Date

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

  
\_\_\_\_\_  
RAINER CAPOTE ALFONSO /Incorporator

8/24/15  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

H15000206397 3