Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H250001289123)))



H250001289123ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

T	0	:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future of annual report mailings. Enter only one email address please.*

(7) Compared to the control of the control of

Email Address:_

2025 APR -8 PM 5: 01

FLORIDA PROFIT/NON PROFIT CORPORATION ALVAREZ GENERAL SERVICES. USA. INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

125 APR -8 PH 3:

Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

A /
Alvaker General Services, Usa. inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
Policy Flactor ST 211
4800 W Flaguer & 21/ Lord Gables Fl. 33134
ADTION
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS (AVE. 12)
Sergio Hugrez Hernaudez (P)
The Hernaudez (1)
ARTICLE V INITIAL REGISTERED AGENT AND STREET A DDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Berglo Alvarez Hernandez
Sergio Alvarez Hernaudez. 4800 W Flacler St. 211
Coxal Gables Fl. 33134
72.33/34
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Seegld Alrapez Hernaudez.
4800 W Flacler St. 211
Coxal Gables FC. 23/34

EIN: 33 - 4451456

Required Signatures:

Having been named as registered agent to accept service of corporation at the place designated in this certificate, I am	I familiar with and accent the
appointment as registered agent and agree to a	ct in this capacity
Registered Agent	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.

Incorporator Date