

03/25/2032 04:48
5/14/2014

Division of Corporations

#4447 P.001/003

P14000043296

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
ALV MANAGEMENT AND SERVICES, INC.

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|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$78.75 |

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#4447 P.002/003
NO. 0147 1. 2

ARTICLES OF INCORPORATION

The undersigned incorporated, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of incorporation.

ARTICLES I - NAME

The name of the corporation shall be

ALV MANAGEMENT AND SERVICES, INC.

ARTICLES II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

8248 NW 6 TERRACE SUITE # 219 MIAMI, FL 33126

ARTICLES III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 SHARES

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**HECTOR VAZQUEZ
8248 NW 6 TERRACE SUITE # 219 MIAMI, FL 33126**

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of incorporation is:

**HECTOR VAZQUEZ
8248 NW 6 TERRACE SUITE # 219 MIAMI, FL 33126**

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DIVISION OF CORPORATE AFFAIRS
14 MAY 14 AM 10:00

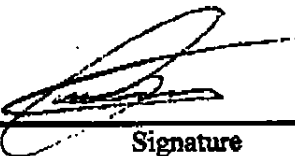
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#4447 P.003/003
No. 0144 P. 3

The undersigned incorporator has executed these Articles of incorporation this 14TH day of MAY 2014.


Signature

ARTICLE VI - DIRECTOR(S)

The name and street address of the director(s) to these Articles of incorporation is (are):

HECTOR VAZQUEZ
8248 NW 6 TERRACE SUITE # 219 MIAMI, FL 33126

PRESIDENT

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent


Registered Agent Signature

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