

# Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

: (850)205-0381

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

## FLORIDA PROFIT CORPORATION OR P.A.

## ivra consulting corporation

Certificate of Status	0
Certified Copy	1
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# ARTICLES OF INCORPORATION OF IVRA CONSULTING CORPORATION

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SECKENARY OF STATE TALLAHASSEE FLORIDA

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

#### **ARTICLE I- NAME**

The name of this Corporation shall be: IVRA CONSULTING CORPORATION

#### **ARTICLE II- ADDRESS:**

The principal place of business/mailing address of this corporation shall be:

5628 Rock Island Rd., Apt 183, Tamarac FL 33319

### **ARTICLE III-NATURE OF BUSINESS:**

This corporation may engage in any activity of business permitted under the laws of the United States of America and/or of the State of Florida.

## **ARTICLE IV-CAPITAL STOCK:**

This Corporation is authorized to issue one hundred (100) shares of stock, with a par value of One Dollar (\$1.00).

## **ARTICLE V- REGISTERED AGENT**

The name and street address of the registered agent is:

Varalakshmi Mothevari 5628 Rock Island Rd., Apt 183, Tamarac Ft 33319 ~ 20.9~JATOT

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**ARTICLE VI- INCORPORATOR** 

SEUNE IARY OF STATE TALLAHASSEE FLORIDA

The name and street address of the incorporator is:

Varalakshmi Mothevari 5628 Rock Island Rd., Apt 183, Tamarac FL 33319

Type or Print Name of Incorporator: Varalakshmi Mothevari

Signature of Incorporator:

Varalákshmi Mothevari

## Registered Agent:

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

By:\_\_\_ulabellucar

Registered Agent -Varalakshmi Mothevari

Prepared by:

Varalakshmi Mothevari 5628 Rock Island Rd., Apt 183, Tamarac FL 33319 954-677-6427