

P040000030448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

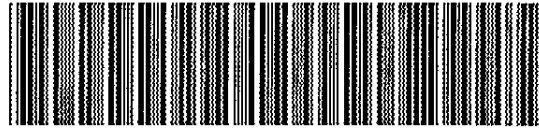
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Avlis Corporation

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original 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

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Amanda K. Silva

Name (Printed or typed)

615 Sunset Beach Ct.

Address

Valrico, FL 33594

City, State & Zip

813 748 6490

Daytime Telephone number

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 NAME

The name of the corporation shall be:

Avlis Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

615 Sunset Beach Ct.
Valrico, FL 33594

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

for any lawful purpose or purposes

ARTICLE IV SHARES

The number of shares of stock is:

4

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Amanda Silva, 615 Sunset Beach Ct. Valrico, FL 33594, Director
Carlos Silva, 615 Sunset Beach Ct. Valrico, FL 33594, Director
Taylor Silva, 615 Sunset Beach Ct., Valrico, FL 33594
Katelyn Silva, 615 Sunset Beach Ct. Valrico, FL 33594

ARTICLE VI REGISTERED AGENT

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

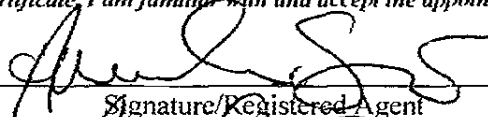
Amanda Silva, 615 Sunset Beach Ct. Valrico, FL 33594

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Amanda Silva, 615 Sunset Beach Ct. Valrico, FL 33594

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



Signature/Registered Agent

2-3-04

Date



Signature/Incorporator

2-3-04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA