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COVER LETTER

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

SUBJECT:	ALVARO GUZMAN CORP			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	d 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 DPY REOUIRED	
EDOM.	ALVARO GUZMA	4N		
FROM:		e (Printed or typed)	<u></u>	
	1251 SW 134 WAY #101	Address		
	PEMBROKE PINES, FLO	RIDA 33027		
	954-839-5057	•		
	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:

ALVARO GUZMAN CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1251 SW 134 WAY #101 PEMBROKE PINS, FLORIDA 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

<u>ARTICLE IV SHARES</u>

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ALVARO GUZMAN (PRESIDENT) 1251 SW 134 WAY #101 PEMBROKE PINES, FLORIDA 33027

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:

ALVARO GUZMAN 1251 SW 134 WAY #101 PEMBROKE PINES, FLORIDA 3302

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

ALVARO GUZMAN 1251 SW 134 WAY #101 PEMBROKE PINES, FLORIDA 3302

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

Signature/Incorporator

O6 OCT 23 AH IO: 19 SECRETALY OF STATE FALL AHASSEE FLORIN