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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Littly Natile)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

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

SUBJECT: Aventui	raVision Inc. (PROPOSED CORPOR.	ATE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: Pe	edro Lopez-Silvestre Name	(Printed or typed)	
	20955 NE 30th PL	Address	
	Aventura, FL 33180	, State & Zip	
	305-935-5563 Daytime	Telephone number	

NOTE: Please provide the original and one copy of the articles.

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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:

AventuraVision Inc

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 20955 NE 30th PL, Aventura FL 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To buy/sell technology equipment

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Pedro Lopez Silvestre 20955 NE 30th Pl, Aventura FL 33180 President

ARTICLE VI REGISTERED AGENT

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

20955 NE 30th Pl, Aventura FL 33180

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Pedro Lopez Silvestre 20955 NE 30th Pl. Aventura FL 33180

**************	**********			
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 afid accept the appointment as registered agent and agree to act in this capacity				
Plan Side	01/13/2008			
Signature/Registered Agent	Date			
Var Ti	01/13/2008			
Signature/Incorporator	Date			