

PI 00000084846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

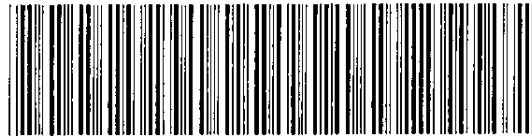
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000186409460

10/15/10--01037--006 **78.75

W10-4864

RECEIVED

10 OCT 15 AM 11:25

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

OCT 18 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 19 2010

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ALV MANAGEMENT AND SOLUTION
(Corporation Name) (Document #)
2. Group, Inc.
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Walk in | <input checked="" type="checkbox"/> Pick up time <u>2.00</u> | <input checked="" type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Certificate of Status |
| | <input type="checkbox"/> Photocopy | |

NEW FILINGS

- ☒ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2010

LAZARUS

SUBJECT: ALV MANAGEMENT AND SOLUTION GROUP, INC.
Ref. Number: W10000048604

We have received your document for ALV MANAGEMENT AND SOLUTION GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

An effective date may be added to the Articles of Incorporation if a 2011 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 410A00024503

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 SOLUTION GROUP, INC .

ARTICLES II - PRINCIPAL OFFICE

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

900 W 49TH STREET SUITE 508 HIALEAH, FL 33012

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:

DIANA SOTO
900 W 49TH STREET SUITE 508 HIALEAH, FL 33012

ARTICLE V - INCORPORATOR

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

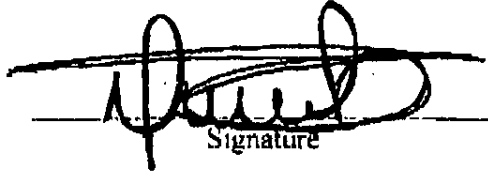
DIANA SOTO
900 W 49TH STREET SUITE 508 MIAMI, FL 33012

RECEIVED OF STATE
CLERK OF STATE
TALLAHASSEE, FLORIDA

OCT 18 PM 2:49

FILED

The undersigned incorporator has executed these Articles of incorporation this 14TH day of OCTOBER 2010.


Signature

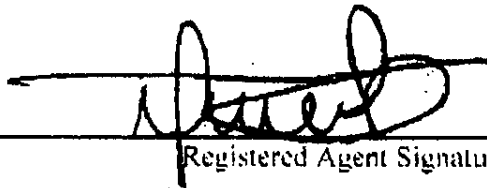
ARTICLE VI - DIRECTOR(S)

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

DIANA SOTO PRESIDENT
900 W 49TH STREET SUITE 508 HIALEAH, FL 33012

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 18 PM 2:49

FILED