# P12000031650

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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FILED 12 APR -2 PH 2: 59 12 CRETARY OF STATE FALLAHASSEE, FLORIDA

MRP3/12

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## **COVER LETTER**

Department of State New Filing Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

# SUBJECT: AVTECH USA, INC. (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 \$78.75 Filing Fee

Filing Fee & Certificate of Status

\$78.75 Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL C	OPY REQUIRED

. . .

FROM: NOE N. ALVAREZ

Name (Printed or typed)

2694 PEMBERTON DRIVE Address

APOPKA, FL 32703

City, State & Zip

407-682-2440

Daytime Telephone number

joey@naturallivingusa.com E-mail address: (to be used for future annual report notification)

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)

The name of the corporation shall be:

#### PRINCIPAL OFFICE ARTICLE II

Principal street address 2694 PEMBERTON DRIVE APOPKA, FL 32703

Mailing address, if different is: 2694 PEMBERTON DRIVE APOPKA, FL 32703

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The nature of the business an purposes to be conducted and promoted by the Corporation are Distribution of Audio/Video Equipment in addition to the authority to promote any lawful purpose and to engage in any lawful activity for which corporations may be organized the General Corporation Law of the State of Florida

#### ARTICLE IV SHARES

The number of shares of stock is: The total number of shares which the corporation is authorized to issue is 1000 with a par value of \$0.10.

<u>irt</u>	ICLE V II	VITIAL OFFICERS AND/OR DIRECTORS		
	Name and Title	NOE N. ALVAREZ PRESIDENT		:JOSE A. ALVAREZ/V-P
	Address:	595 EDEN PARK AVE	Address:	3857 LONG BRANCH LANE
		ALTAMONTE SPRINGS, FL 32714		APOPKA, FL 32712
	Name and Title	ISABEL ALVAREZ/SEC/TRES	Name and Title	:
	Address:	595 EDEN PARK AVE	Address:	
		ALTAMONTE SPRING, FL 32714		
	Name and Title	, 	Name and Title	·
	Address:		Address:	

#### ARTICLE VI **REGISTERED AGENT**

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

Name:	JOSE A. ALVAREZ
Address:	3857 LONG BRANCH LANE
	APOPKA, FL 32712

#### ARTICLE VII INCORPORATOR

ne <u>name and address</u>	of the Incorporator is:	
Name:	NOF N_ALVAREZ	
Address:	595 EDEN PARK AVE	
	ALTAMONTE SPRINGS, FL	32714

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

1 Required Signature/Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

		3/29/12
STATE OF FLORIDA COUNTY OF SEMINOLE The foregoing instrument was acknowledged before me this 21 day of them 20 12 by NCC Alucrer and Jose Alucrer	Mature/Incorporator	/ Date
Notary Public's Signature John Doe Personally KnownOR Type of identification Produced	Expires 10/18/2013	

12 APR -2 PM 2:59 SECRETARY UF STATE

FILED