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| (Requestor's Name) | | | | |
|---|-----------------|-----------------|--|--|
| (Address) | | | | |
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| (City/s | State/Zip/Phone | : #) | | |
| PICK-UP | MAIT | MAIL | | |
| (Busir | ness Entity Nam | ne) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER '

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

| SUBJECT: Alayza Investment Cor | - р | |
|---|-------------------------------------|--|
| (PROPOSED CORPORA | TE NAME – <u>MUST INC</u> | LUDE SUFFIX) |
| Enclosed are an original and one (1) copy of the arti | icles of incorporation an | nd a check for: |
| \$70.00 \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| | ADDITIONAL C | OPY REQUIRED |
| | | |
| FROM: richard alayza | | . . |
| Name | e (Printed or typed) | |
| 11976 ottawa ave | Address | |
| | Addicas | |
| orlando fl 32837 | , State & Zip | |
| 4076835460 | | |
| Daytime 1 | Telephone number | |
| trio407@gmail.com E-mail address: (to be use | d for future annual repor | t 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 ∞ | NAME Alayza Invesment Corp | | | |
|--------------------|--|-------------|---|---|
| ARTICLE II | PRINCIPAL OFFICE Principal street address | | Mailing address, if different is: | |
| | 1976 ottawa ave dando fl 32837 | _ | | |
| Q | 1181100 11.32637 | | | |
| ARTICLE III | | | | |
| | hich the corporation is organized is: w full buisness | | | 12 APR 13 PH 12: 52 SEUNCIARIO F STATE TALLAHASSEE, FLORIDA |
| any and an la | w iuii buisiless | | | #s 2 |
| | | | | 一 严 号 可 |
| | | | | 三 三 |
| | | | | TO SEE CO SEE |
| ARTICLE IV | SHARES | | | SEL |
| The number of shar | res of stock is 100 | | | |
| ADMICI D T | INITIAL OFFICERS AND/OR DIRECTOR | | | 75 |
| | itle:richard alayza | | nd Title: | 22 22 |
| Address: | 11976 ottawa ave | _ Addres | s: | 7 |
| | orlando fl 32837 | | | |
| | president | _ | | |
| Name and Ti | itle: | Name a | and Title: | |
| Address: | | Addres | s: | |
| | | | | |
| | | _ | | |
| Name and Ti | tle: | _ Name a | nd Title: | |
| Address; | | _ Addres | s: | |
| | | _ | *************************************** | |
| | | _ | | |
| | REGISTERED AGENT rida street address (P.O. Box NOT acceptable) of | Fthe regist | ared execution | |
| Name: | richard alavza | | ereu agent is. | |
| Address: | 11976 ottawa ave | | | |
| | orlando fl.32837 | | | |
| ADTICLE WIL | INCORPORATOR | | | |
| | lress of the Incorporator is: | | | |
| Name: | richard alayza | _ | | |
| Address: | 11976 ottawa ave | _ | | |
| | orlando fl 32837 | - | | |
| Having been nam | ed as registered agent to accept service of process | s for the a | shove stated corp | poration at the place designated |
| | m familiar with and accept the appointment as regi | | | |
| D/11 | | | | |
| <u> </u> | www | | | 4/10/2012 |
| | Required Signature/Registered Agent | | | Date |
| | ment and affirm that the facts stated herein are | | n aware that the | e false information submitted in |
| | epartment of State constitutes a third degree felon | | | |
| | • • | | - | |
| Rala | WM - | | | 4/10/2012 |
| | Required Signature/Incorporator | | | Date |