

P15000012585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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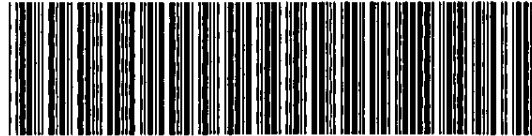
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
15 JAN 30 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: ALVER 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 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Frank Almeida

Name (Printed or typed)

5349 Lake Jessamine Dr.

Address

Orlando, FL 32839

City, State & Zip

407-538-5654

Daytime Telephone number

FRANKALMEIDA@AOL.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)

ARTICLE I NAME

The name of the corporation shall be: Alver Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5349 Lake Jessamine Dr.

Orlando, Fl

32839

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

for real estate investment.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Frank Almeida, President

Name and Title: _____

Address: 5349 Lake Jesamine Dr
Orlando, Fl
32839

Address: _____

Name and Title: Stuart Vere, President

Name and Title: _____

Address: 38 Lauriston Road
London, SW194TQ
United Kingdom

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)

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: Frank almeida
Address: 5349 Lake Jessamine Dr
Orlando, Fl 32839

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Frank Almeida
Address: 5349 Lake Jessamine Dr
Orlando, Fl 32839

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

Required Signature/Registered Agent

1/27/15
Date

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.

Required Signature/Incorporator

1/27/15
Date