

P15000069696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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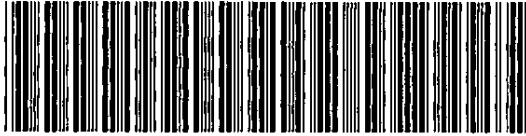
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
15 AUG 17 PM 2:16

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COVER LETTER

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

SUBJECT: Chavis Information Systems Incorporated
(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: Idania Viton
Name (Printed or typed)

6181 Woodland Rd.
Address

Peachtree Corners, GA 30092
City, State & Zip

(678) 517-4979
Daytime Telephone number

idanasaballos@gmail.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: Chavis Information Systems Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7906 Sea Pearl Circle
Kissimmee, FL 34147

6181 Woodland Road
Peachtree Corners, GA 30092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To offer organizations a variety of
quality technological offerings including consulting, support,
equipment and software.

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Idania Viton - President Name and Title: _____

Address 6181 Woodland Rd. Address: _____
Peachtree Corners, GA
30092

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Idania Viton

Address: 7906 Sea Pearl Circle
Kissimmee, FL 34747

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Idania Viton

Address: 6181 Woodland Rd.
Peachtree Corners, GA 30092

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Idania Viton
Required Signature/Registered Agent

8/5/15
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.

Idania Viton
Required Signature/Incorporator

8/5/15
Date