

P/5000086761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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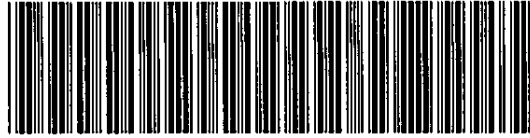
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 OCT 16 AM 11:05

*10/22/15*

## COVER LETTER

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

SUBJECT: ALFRED PVC WORLD  
(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: ALFREDO RIVERA  
Name (Printed or typed)  
8385 Narcoossee Rd  
Address  
Orlando, FL 32827  
City, State & Zip  
787-709-0928  
Daytime Telephone number  
alfred351@hotmail.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: Alfred Pvc World, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8385 Narcoossee RD  
Orlando FL 32827

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: legal buisness

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

President  
Alfred Rivera

Name and Title:

Address

8385 Narcoossee  
RD. Orlando FL  
32827

Address:

Apt.  
7307

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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15 OCT 16 AM 11:05

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: Alfred Rivera  
Address: 8385 Narcoossee  
RD. APT. 7307  
Orlando, FL. 32827

**ARTICLE VII INCORPORATOR**

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

Name: Alfred Rivera  
Address: 8385 Narcoossee  
RD. APT. 7307  
Orlando, FL. 32827

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**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

Alfred Rivera  
Required Signature/Registered Agent

10/01/15  
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.

Alfred Rivera  
Required Signature/Incorporator

10/01/15  
Date