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S. PRATHER

COVER LETTER

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

SUBJECT: Anorav Solutions, 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: Melanye Varona
Name (Printed or typed)

21720 SW 104th Court Apt#110
Address

Cutler Bay, 33190
City, State & Zip

(786)333-4030
Daytime Telephone number

mela_0711@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: Anorav Solutions, Inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
21720 SW 104th Court Apartment 110
Cutler Bay, FL 33190

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: any and all lawful business

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ARTICLE IV SHARES
The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Melanye Varona-President
Address 21720 SW 104th Court Apartment 110
Cutler Bay, Fl 33190

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title: Melanye Varona, President
Address: 21720 SW 104 Ct APT 110 Cutler Bay 33190

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

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

Name: Melanye Varona

Address: 21720 SW 104 Ct APT 110 Cutler Bay, 33190

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ARTICLE VII INCORPORATOR

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

Name: Melanye Varona

Address: 21720 SW 104 Ct APT 110 Cutler Bay, 3319

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

x Melanie Varona — Required Signature/Registered Agent — 02-03-16 — 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.

x Melanie Varona — Required Signature/Incorporator — 02-03-16 — Date