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T. SCOTT



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SEGRETARY OF STATE DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2016

JAIME E AVILÉS 325 W VICTORIA TRAILS BLVD DELAND, FL 32724

SUBJECT: AVILES LIMITED INC Ref. Number: W16000013025

We have received your document for AVILES LIMITED INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 816A00003631

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COVER LETTER

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

SUBJECT: AVILE	S LIMITED INC		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d 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 o Status
	ADDITIONAL COPY REQUIRE		
FROM:	IME E AVILES Name	e (Printed or typed)	
325	W VICTORIA TRAILS BLVD		
-	Address		
DEI	LAND FL 32724		
	City,	State & Zip	
407	-416-9349		
	Daytime T	elephone number	
. AVI	LES2U@YAHOO.COM		
	E-mail address: (to be use	d for future annual report r	otification)

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 II PRINCIPAL OFFICE Principal street address 325 W VICTORIA TRAILS BLVD DELAND FL 32724		Mailing addre	ss, if different is:
		325 W VICTORIA TRAILS BLVD	
		DELAND FL 32724	
RTICLE III PUR. e purpose for which	POSE 1 the corporation is organized is:	ISTRIBUTION	<u> </u>
TICLE IV SHALE of shares of	RES of stock is:		. <u>.</u> 0
e number of shares of	of stock is: 100		DIVISION TO MA
e number of shares of	IAL OFFICERS AND/OR DIRECTORS		DIVISION OF 16 MAR 2
e number of shares of TICLE V INITAL Name and Tit	IAL OFFICERS AND/OR DIRECTORS IAIME FAVILES PRESIDENT	Name and Title:	~ 27
e number of shares of	AL OFFICERS AND/OR DIRECTORS THE: JAIME E AVILES, PRESIDENT		~ 27
e number of shares of TICLE V INITAL Name and Tit	AL OFFICERS AND/OR DIRECTORS JAIME E AVILES, PRESIDENT 325 W VICTORIA TRAILS BLVD	Name and Title:	~ 27
TICLE V INITA Name and Tit Address	AL OFFICERS AND/OR DIRECTORS JAIME E AVILES, PRESIDENT 325 W VICTORIA TRAILS BLVD DELAND FL 32724	Name and Title: Address:	of compons
e number of shares of TICLE V INITAL Name and Title Address Name and Title Name	AL OFFICERS AND/OR DIRECTORS JAIME E AVILES, PRESIDENT 325 W VICTORIA TRAILS BLVD DELAND FL 32724 E: RAQUEL K AVILES, DIRECTOR 325 W VICTORIA TRAILS BLVD	Name and Title: Address: Name and Title:	~ 27
TICLE V INITA Name and Tit Address	AL OFFICERS AND/OR DIRECTORS JAIME E AVILES, PRESIDENT 325 W VICTORIA TRAILS BLVD DELAND FL 32724 E: RAQUEL K AVILES, DIRECTOR 325 W VICTORIA TRAILS BLVD	Name and Title: Address: Name and Title:	~ 27
e number of shares of TICLE V INITAL Name and Title Address Name and Title Name	AL OFFICERS AND/OR DIRECTORS JAIME E AVILES, PRESIDENT 325 W VICTORIA TRAILS BLVD DELAND FL 32724 E: RAQUEL K AVILES, DIRECTOR 325 W VICTORIA TRAILS BLVD	Name and Title: Address: Name and Title:	oFigury ORATIONS 2 PM 2:40
Name and Title Name and Title Address	AL OFFICERS AND/OR DIRECTORS JAIME E AVILES, PRESIDENT 325 W VICTORIA TRAILS BLVD DELAND FL 32724 e: RAQUEL K AVILES, DIRECTOR 325 W VICTORIA TRAILS BLVD DJAIM	Name and Title: Address: Name and Title: Address:	oFigure ORATIONS 2 PM 2:40
Name and Title Name and Title Address	AL OFFICERS AND/OR DIRECTORS JAIME E AVILES, PRESIDENT 325 W VICTORIA TRAILS BLVD DELAND FL 32724 E: RAQUEL K AVILES, DIRECTOR 325 W VICTORIA TRAILS BLVD	Name and Title: Address: Name and Title: Address:	oFigure ORATIONS 2 PM 2:40

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Name ar	nd Title:	Name and Title:
Address	s	Address:
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	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	And the registered agent is:
Name:	JAIME E AVILES	of the registered agent is.
Address:	325 W VICTORIA TRAILS BLVD	
	DELAND FL 32724	
	<u>INCORPORATOR</u>	
The name and ac	ddress of the Incorporator is:	
Name:	JAIME E AVILES	
Address:	325 W VICTORIA TRAILS BLVD	
	DELAND FL 32724	<u></u>
	,	
ARTICLE VIII	EFFECTIVE DATE:	(ONEIONIAL)
(If an effective d	other than the date of filing: ate is listed, the date must be specific and can	(OPTIONAL) not be more than five business days prior or 90 business
days after the fil		• •
		le statutory filing requirements, this date will not be listed as
the document's et	ffective date on the Department of State's records	3.
Having-been nan	ned as registered agent to accept service of proce	ess for the above stated corporation at the place designated in
this certificate, I d	am familiar with and accept the appointment as r	registered agent and agree to act in this capacity
y Van	L Miles	1/29/16
	Required Signature/Registered Agent	Date
I submit this doc	ument and affirm that the facts stated herein ar	e true. I am aware that the false information submitted in a
uocument to the l	Department of State constitutes a third degree feld	ony as provided for in s.817.155, F.S.
XX4 Z	red Signature/Incorporator	1/29/16
/ Kequii	Signature inverporator	· Date