

P16 600050491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

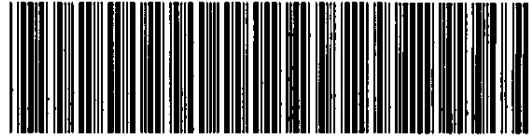
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800286441878

06/03/16--01009--003 **70.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN -3 PM 12:24

my m

COVER LETTER

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

SUBJECT: ALBA NOVA 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: Manuela Torres

Name (Printed or typed)

199 E. Flagler St, No. 406

Address

Miami, FL 33131

City, State & Zip

(305)987-3985

Daytime Telephone number

albanovainc@gmail.com

E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN -3 PM 12:24

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: ALBA NOVA INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

199 E. Flagler St, No.406

Miami, FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any legal purpose as determined by the officers and/or shareholders.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Manuela Torres, President

Name and Title: _____

Address 199 E. Flagler St, No. 406

Address: _____

Miami, FL 33131

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN -3 PM 12:24

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: Manuela Torres

Address: 199 E. Flagler St, No. 406

Miami, FL 33131

ARTICLE VII INCORPORATOR

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

Name: Manuela Torres

Address: 199 E. Flagler St, No. 406

Miami, FL 33131

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN -3 PM 12:24

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 1st 2016 (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

Manuela Torres

Required Signature/Registered Agent

6/1/16

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.

Manuela Torres

Required Signature/Incorporator

6/1/16

Date