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6/29/2016

FAX No.

P. 001/003

H160001578423

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
ALVA VICTORI INC.**

Certificate of Status	0
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FAX No.

P. 002/003

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: ALVA VICTORI INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7121 SW 129 AVE

APT 5

MIAMI, FL 33183

Mailing address, if different is:

7121 SW 129 AVE

APT 5

MIAMI, FL 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

SHARES: 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARLOS ALVAREZ (P/S/D)

Name and Title: _____

Address 7121 SW 129 AVE

Address: _____

APT 5

MIAMI, FL 33183

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: CARLOS ALVAREZAddress: 7121 SW 129 AVE APT 5MIAMI, FL 33183**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: CARLOS ALVAREZAddress: 7121 SW 129 AVE APT 5MIAMI, FL 33183**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



Required Signature/Registered Agent6/28/16
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.



Required Signature/Incorporator6/28/16
Date