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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

2

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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FLORIDA PROFIT/NON PROFIT CORPORATION ALVASANZ INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

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Help

4.1

ARTICLES OF INCORPORATION H 16000233849
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:	
AlvaSanz Inc.	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
	5
16205 SW 144 Ave Apt 330 Homestegd FL 33032	SEP 20
	_
ARTICLE III SHARES: The number of shares of stock is:	R II: 31
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Amabelys Alvarez Sanchez (P)	
Amabelys Alvarez Sanchez (P) Modesta Sanchez (VP)	-
	_
	-
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	1
The name and Florida street address (PO Box not acceptable) of the registered agent	
Modesta Sanchez	
	330
Homestead FL 33032	,
1.1011.1031.001	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator i	is:
Modesta Sanchez	_
26205 SW 144 AVE APT 33	3C)
Homestead FC 23032	1

H16000233849

Required Signatures:

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

Registered Agent 9/20/14
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. \wedge

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