

P16000084961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

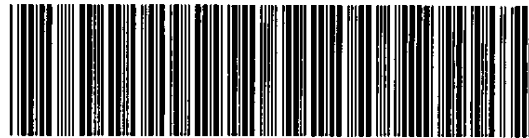
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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ALABAMA SECRETARY OF REVENUE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 4, 2016

ERICA AVILA  
990 NE 35 AVE  
HOMESTEAD, FL 33033

SUBJECT: AVILA MANAGEMENT CORPORATION  
Ref. Number: W16000068019

We have received your document for AVILA MANAGEMENT CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number of the name conflict is .

L11000126728

Please return 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.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 616A00021272

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REC-100  
16 OCT 20 PM 3:58  
OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** AVILA MANAGEMENT ~~CORPORATION~~ Team Corporation *lp*  
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 <i>OK \$761</i> Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Erica Avila  
Name (Printed or typed)  
990 NE 35 AVE  
Address  
HOMESTEAD, FL 33033  
City, State & Zip  
786-444-6133  
Daytime Telephone number  
ericaavila.amc@gmail.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:

AVILA MANAGMENT CORPORATION TEAM CORPORATION

lp

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

990 NE 35 AVE

HOMESTEAD, FL 33033

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ADMINISTRATIVE & PROCESSING SERVICES

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### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ERICA GISELA AVILA- PRESIDENT

Name and Title: \_\_\_\_\_

Address 990 NE 35 AVE

Address: \_\_\_\_\_

HOMESTEAD, FL 33033

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: ERICA GISELA AVILA

Address: 990 NE 35 AVE

HOMESTEAD, FL 33033

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**ARTICLE VII INCORPORATOR**

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

Name: ERICA GISELA AVILA

Address: 990 NE 35 AVE

HOMESTEAD, FL 33033

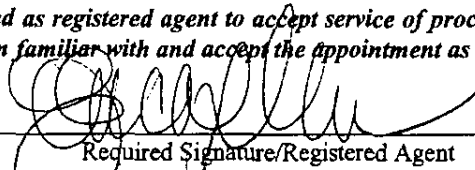
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: OCTOBER 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.)

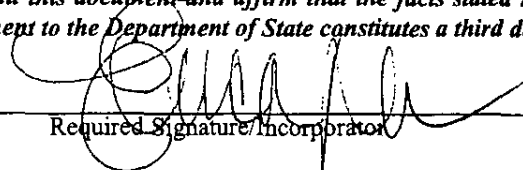
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature/Registered Agent ERICA AVILA

9/28/16  
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/Incorporator

9/28/16  
Date