

P17000042080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

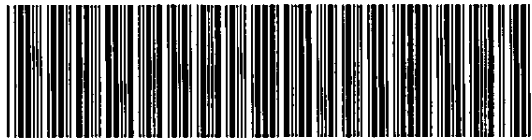
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 MAY -9 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 05/05/17

05/14/17

COVER LETTER

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

SUBJECT: AVA CONTRACTORS 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
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Milton Valderrama
Name (Printed or typed)

7130 S. ORANGE Blossom TRAIL Suite 112
Address

ORLANDO FL 32809
City, State & Zip

(407) 587-6287
Daytime Telephone number

INFO@AVACONTRACTORS.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: AVA CONTRACTORS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7130 South ORANGE Blossom TRAIL
ORLANDO, FL 32809

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Drywall and Painting 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: | <u>Secretary Alireza Alili</u> | Name and Title: | <u>Treasurer Milton Valderrama</u> |
| Address | <u>7130 S. ORANGE Blossom Trail</u> <u>Suite 112</u> <u>Orlando, FL 32809</u> | Address: | <u>7130 S. ORANGE Blossom Trail</u> <u>Suite 112</u> <u>Orlando, FL 32809</u> |

| | | | |
|-----------------|-------|-----------------|-------|
| 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: Milton Valderrama
 Address: 7130 S. ORANGE Blossom trail Suite 112
Orlando, FL 32809

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Milton Valderrama
 Address: 7130 S. ORANGE Blossom trail, Suite 112
Orlando, FL 32809

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: May 5 2017. (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

_____ Milton Valderrama _____
 Required Signature/Registered Agent 5/5/17
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.

_____ Milton Valderrama _____
 Required Signature/Incorporator 5/5/17
Date