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Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**ARMANDO ALVAREZ P.A.**

Certificate of Status	0
Certified Copy	1
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**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: ARMANDO ALVAREZ P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

11020 SW 57 TERRACE

MIAMI, FL 33173

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: REAL ESTATE

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ARMANDO ALVAREZ

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

PRESIDENT

Address

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

11020 SW 57 TERRACE

MIAMI, FL 33173

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: ARMANDO ALVAREZ  
Address: 11020 SW 57 TERRACE  
MIAMI, FL 33173

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ARMANDO ALVAREZ P.A.  
Address: 11020 SW 57 TERRACE  
MIAMI, FL 33173

**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 days prior or 90 days after the filing.)

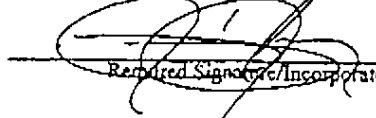
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

1/8/19  
\_\_\_\_\_  
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

1/8/19  
\_\_\_\_\_  
Date