

**P19000013807**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Please print name and address on a cover sheet. Type the fax and number (shown below) on the top and bottom of all pages of the document.

(((H19000053920 3)))



H19000053920ABC1

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : PEDRO LUZQUINOS  
Account Number : 120170000042  
Phone : (954) 655-8413  
Fax Number : (954) 432-8807

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

Email Address: PLU7QUINOSFC@HOTMAIL.COM

RECEIVED  
DIVISION OF CORPORATIONS  
19 FEB 15 AM 10:37  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
AVANTI CAPITAL GROUP INC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$70.00 |

K. PAGE

FEB 18 2019

Electronic Filing Menu

Corporate Filing Menu

Help

Generated  
1/15/2019

H190000539203

## COVER LETTER

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

SUBJECT: AVANTI CAPITAL GROUP 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: GONZALO DAVALOS

Name (Printed or typed)

1172 SOUTH DIXIE HWY SUITE 570

Address

CORAL GABLES, FL 33146

City, State &amp; Zip

786-239-7852

Daytime Telephone number

PLUJQUINOSF@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

H190000539203

H190000539203

**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: AVANTI CAPITAL GROUP INC

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
1172 SOUTH DIXIE HWY SUITE 570

Mailing address, if different is:

CORAL GABLES, FL 33146

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES

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

Name and Title: GONZALO DAVALOS (P)

Name and Title:

Address

1172 SOUTH DIXIE HWY SUITE 570

Address:

CORAL GABLES, FL 33146

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

H190000539203

H190000539203

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: GONZALO DAVALOS  
Address: 1172 SOUTH DIXIE HWY SUITE 570  
CORAL GABLES, FL 33146

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: GONZALO DAVALOS  
Address: 1172 SOUTH DIXIE HWY SUITE 570  
CORAL GABLES, FL 33146

**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 02-15-2019  
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 02-15-2019  
Date

H190000539203