

MAY/07/2019 TUE 12:15 PM
5/7/2019

FAX No.

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H19000151209 3)))



H190001512093ABC

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Division of Corporations
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****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
AVISALES CORP.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

C RICO
MAY 07 2019

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: AVISALES CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address8806 SLEEPY CREEK CT.TAMPA, FL 33634

Mailing address, if different is:

SAME**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUISNESS**ARTICLE IV SHARES**

SHARES: 100

The number of shares of stock is: _____

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: MICHEL QUTROLA (P/D)

Name and Title: _____

Address: 8806 SLEEPY CREEK CT.

Address: _____

TAMPA, FL 33634

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 AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MICHEL QUIROLA
Address: 8806 SLEEPY CREEK CT.
TAMPA, FL 33634

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ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MICHEL QUIROLA
Address: 8806 SLEEPY CREEK CT.
TAMPA, FL 33634

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

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.



Registered Agent / Incorporator

05/06/2019

05/07/2019 13:47
850-617-6381

3052201440

LAZARUS CORPORATE

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May 7, 2019

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, INC. Division of Corporations

SUBJECT: ELOHIM ADONAI HOME INC
REF: W19000044185

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H19000149806
Letter Number: 719A00009107