

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

From:
Account Name : TPBS CORP
Account Number : 120190000112
Phone : (786)389-2779
Fax Number : (305)356-3688

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ALVASIS GROUP INC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

H 200000982473

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

SUBJECT: ALVAVIS 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: SUSANA BRICENO
Name (Printed or typed)

9127 SW 41ST STREET SUITE 102
Address

MIRAMAR FL 33025
City, State & Zip

(407) 283-4241
Daytime Telephone number

ALVAVISGROUP@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: ALVASIS GROUP INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
9127 SW 41ST STREET SUITE 102
MIRAMAR FL 33025

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSULTING SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SUSANA BRICENO (PRESIDENT) Name and Title: _____

Address 9127 SW 41ST STREET SUITE 102 Address: _____
MIRAMAR FL 33025

Name and Title: FRANCISCO ALVARADO (VP) Name and Title: _____

Address 9127 SW 41ST STREET SUITE 102 Address: _____
MIRAMAR FL 33025

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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2020 APR -1 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H200000 982 473

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: SUSANA BRICENO

Address: 9127 SW 41ST STREET SUITE 102

MIRAMAR FL 33025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SUSANA BRICENO

Address: 9127 SW 41ST STREET SUITE 102

MIRAMAR FL 33025

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

Susana Briceno
Required Signature/Registered Agent

03/31/2020
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.

Susana Briceno
Required Signature/Incorporator

03/31/2020
Date

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