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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SICONT ENTERPRISES OF AMERICA INC

Account Number : I20160000041

Phone : (407)443-8973

Fax Number : (407)930-2626

****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**INVERSIONES AVILA MATA INC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

J. FASON

NOV 03 2020

2020 NOV -2 AM 9:03

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COVER LETTER

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

SUBJECT: INVERSIONES AVILA MATA 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: DESIREE TORRES
Name (Printed or typed)

13574 VILLAGE PARK DR STE 250
Address

ORLANDO FL 32837
City, State & Zip

407-443-8973
Daytime Telephone number

SUNBIZ.SICONT@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: INVERSIONES AVILA MATA INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1317 Edgewater Dr # 442Orlando, Fl 32804**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

The company will engage in any and all lawful business allowed in the United States of Americaand the State of Florida**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Victor Julio Avila Mata, PVPS

Name and Title: _____

Address 1317 Edwater Dr # 442

Address: _____

Orlando Fl 32804

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: ORLANDO REGISTERED AGENTS LLCAddress: 13574 Village Park Dr Ste 250Orlando FL 32837**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Desiree TorresAddress: 13574 Village Park Dr. Ste 250Orlando FL 32837**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

10/30/2020

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.

Required Signature/Incorporator

10/30/2020

Date

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