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(((H21000005103 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : AVA FINANCIAL CONSULTANTS INC

Account Number : I20170000094 Phone

: (954)842-1979

Fax Number

: (954)905-4315

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

FLORIDA PROFIT/NON PROFIT CORPORATION LAVINA INTERNATIONAL INC

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COVERLETTER H20000051033

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

SUBJECT: LAVIN	A INTERNATIONAL INC	•	
5000EC1	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	l a check for:
· ·	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
SH FROM:	AHID KHAN		
	Name	e (Printed or typed)	
313	1 NW 35TH AVE		
		Address	
LA	UDERDALE LAKES, FL 33309		
	City,	State & Zip	
954	-557-3184		
,	Daytime T	elephone number	
msk	han7921@yahoo.com		
	E-mail address: (to be use	d for future annual report n	otification)

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)

	<u>PAL OFFICE</u>			
	Principal <u>street</u> address	1	Mailing address, if different is: 3131 NW 35TH AVE LAUDERDALE LAKES, FL 33309	
NW 35TH AVE		3131 NW		
DERDALE LAKE	S, FL 33309	LAUDEI		
CLE III PURPO	SE corporation is organized is:	ALL LAWFUL BUS	SINESS	
*			•	
			.**	
		· · · · · · · · · · · · · · · · · · ·	•	- C
				
<u> </u>	•		<u> </u>	
CLE IV SHARI	stock is:	<u> </u>		
umber of shares of	Mock is: L OFFICERS AND/OR DIRECTORS SUANTO KHAN - POT		REHANA KJ	HAN - VPS
CLE V INITIA Name and Title	Mock is: L OFFICERS AND/OR DIRECTORS SUANTO KHAN - POT	Name and Title	REHANA KI 4344 NW 67	
umber of shares of	Mock is: L OFFICERS AND/OR DIRECTORS SHAHID KHAN - PDT		4344 NW 67	
CLE V INITIA Name and Title	Mock is: L OFFICERS AND/OR DIRECTORS SHAHID KHAN - PDT 4344 NW 67TH WAY	Name and Title	4344 NW 67	TH WAY
CLE V INITIA Name and Title	Mock is: L OFFICERS AND/OR DIRECTORS SHAHID KHAN - PDT 4344 NW 67TH WAY	Name and Title Address:	4344 NW 67	TH WAY INGS, FL 33067
CLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTORS SHAHID KHAN - PDT 4344 NW 67TH WAY CORAL SPRINGS, FL 33067	Name and Title Address: Name and Title	4344 NW 67	TH WAY INGS, FL 33067
umber of shares of CLE V INITIA Name and Title Address	L OFFICERS AND/OR DIRECTORS SHAHID KHAN - PDT 4344 NW 67TH WAY CORAL SPRINGS, FL 33067	Name and Title Address:	4344 NW 67	TH WAY INGS, FL 33067
CLE V INITIA Name and Title Address	L OFFICERS AND/OR DIRECTORS SHAHID KHAN - PDT 4344 NW 67TH WAY CORAL SPRINGS, FL 33067	Name and Title Address: Name and Title	4344 NW 67	TH WAY INGS, FL 33067
CLE V INITIA Name and Title Address	L OFFICERS AND/OR DIRECTORS SHAHID KHAN - PDT 4344 NW 67TH WAY CORAL SPRINGS, FL 33067	Name and Title Address: Name and Title	4344 NW 67	TH WAY INGS, FL 33067
CLE V INITIA Name and Title Address	SHAHID KHAN - PDT 4344 NW 67TH WAY CORAL SPRINGS, FL 33067	Name and Title Address: Name and Title	4344 NW 67 CORAL SPR	TH WAY INGS, FL 33067
Name and Title Name and Title Address	SHAHID KHAN - PDT 4344 NW 67TH WAY CORAL SPRINGS, FL 33067	Name and Title Address: Name and Title Address: Address:	4344 NW 67 CORAL SPR	TH WAY INGS, FL 33067

	H2000	0051033	41.
Name an		Name and Title:	7/4
Address		Address:	
ramicos			· · · · · ·
	<u> </u>		
		. •	
	REGISTERED AGENT orida street address (P.O. Box NOT accept	able) of the remetered assert is:	
	SHAHID KHAN	ante) of the registered agent is.	
ame:	4344 NW 67TH WAY	· · · · · · · · · · · · · · · · · · ·	
idress:	CORAL SPRINGS, FL 33067	<u> </u>	
		· ·	
TICLE VII	INCORPORATOR		ρ
	Idress of the Incorporator is:		5 5 5
	SHAHID KHAN		%
Name:	4344 NW 67TH WAY	· 	
Address:	CORAL SPRINGS, FL 33067		
RTICLE VIII	EFFECTIVE DATE:		
fective date, if	other than the date of filing: late is listed, the date must be specific and	(OPTIONAL cannot be more than five days	.) prior or 90 days after the
ing.)			
ote: If the dat	e inserted in this block does not meet the app	licable statutory filing requiremen	ts, this date will not be listed as
e document's	effective date on the Department of State's re	COLUS.	
	med as registered agent to accept service of am familiar with and accept the appointmen	process for the above stated corports or registered garnt and garne to	ration at the place designated in act in this capacity
aving been na	um jamuur wur unu uccept ine uppoinimen	n m regimeres agens min agree to	01/05/2020
aving been na is certificate, l		·	Date
aving been na is certificate, l	Required Signature/Registered Age	ent .	
is certificate, l	Required Signature/Registered Agr		false information submitted in a
is certificate, l	Required Signature/Registered Agr cument and affirm that the facts stated here Department of State constitutes a third degra-	ein are true. I am aware that the	155, F.X
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