

23/3/2021

PD1000025872
 Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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H21000117223ABCT

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

From:
 Account Name : ISAMAR TORRES
 Account Number : I20200000137
 Phone : (786)660-0108
 Fax Number : (305)503-7123

****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
LVT GROUP INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

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

SUBJECT: LVT 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**

2021 MAR 23 PM 4:49

FROM: JAVIER LOPEZ VECINO

Name (Printed or typed)

1756 N BAYSHORE DR APT 30B

Address

MIAMI, FLORIDA 33132

City, State & Zip

786-319-8083

Daytime Telephone number

onestopsolutionsfl@gmail.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: LVT GROUP INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address1756 N BAYSHORE DR 30BMIAMI, FLORIDA 33132

Mailing address, if different is:

1756 N BAYSHORE DR 30BMIAMI, FLORIDA 33132**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: JAVIER LOPEZ - PRESIDENT

Name and Title: _____

Address: 1756 N BAYSHORE DR APT 30B

Address: _____

MIAMI, FLORIDA 33132

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: ISAMAR TORRES
 Address: 4167 NW 135TH ST
OPA LOCKA, FLORIDA 33054

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JAVIER LOPEZ
 Address: 1756 N BAYSHORE DR APT 30B
MIAMI, FLORIDA 33132

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 03/23/2021 (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*

Isamar Torres 03/23/2021
 Required Signature/Registered Agent 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.

[Signature] 03/23/2021
 Required Signature/Incorporator Date

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