P2100014370

(Requestor's Name)					
(Address)					
, ,					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
, ,					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
operation actions to 1 mmg emoor.					

Office Use Only



800370917198

2021 AUG 18 PH 2: 41 SECRETARY OF STATI

08/18/21--01021--099 **70.75

2021 AUG 18 PM 2: 58
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED

CQRPORATE ACCESS, _

When you need ACCESS to the world

INC.

6.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		WALK IN					
		I	PICK UP:	8/18 DANNY			
	XX	CERTIFIED COPY	·				
		CUS					
	XX	FILING	INC			<u> </u>	
1.		AVITEK INC CORPORATE NAME AND D	OCUMENT #)	<u></u>			
2.	(0	CORPORATE NAME AND D	OCUMENT #)				
3.	((CORPORATE NAME AND D	OCUMENT #)				-
4.	((CORPORATE NAME AND D	OCUMENT #)				·
5.	(C	CORPORATE NAME AND DO	OCUMENT #)				
6.	(C	CORPORATE NAME AND DO	OCUMENT #)				
	CIAL TRUCT	TIONS:					
							

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

TICLE II PR	<u>NCIPAL OFFICE</u>				
8 E. Sunnse Blva.	Principal <u>street</u> address	nena c		ess, if different is:	
Suite 2104			2598 E. Sunnise Blvd. Suite 2104		
ort Lauderdale	e, FL 33304	For	Fort Lauderdale, FL 33304		
TICLE III PUI	RPOSE sh the corporation is organized is:	products c	onsultant		
		- 4		SEC TA	12/12
				EAH.	UZI AUG IO
				ASSEE	
				<u> </u>	÷
				1	
TICLE IV SHA	of stock is: 100			EE, FL	<u>-</u>
number of shares	of stock is: FIAL OFFICERS AND/OR DIRECTORS PROVED TO STOCK STOC		îitle:	1.1	
TICLE V INT	of stock is: TOO TAL OFFICERS AND/OR DIRECTORS itle: Ray (Rashed) Mahbubbi, DP	_ Name and T			
number of shares	of stock is: 100 <u>FLAL OFFICERS AND/OR DIRECTORS</u> itle: Ray (Rashed) Mahbubbi, DP	_ Name and T		1.1	
TICLE V INT	FIAL OFFICERS AND/OR DIRECTORS itle: Ray (Rashed) Mahbubbi, DP 2598 E. Sunrise Blvd.	_ Name and T			
TICLE V INT	FLAL OFFICERS AND/OR DIRECTORS itle: Ray (Rashed) Mahbubbi, DP 2598 E. Sunrise Blvd. Suite 2104 Fort Lauderdale, FL 33304	Name and T Address: 			
number of shares TICLE V INT Name and T Address	FIAL OFFICERS AND/OR DIRECTORS itle: Ray (Rashed) Mahbubbi, DP 2598 E. Sunrise Blvd. Suite 2104 Fort Lauderdale, FL 33304	Name and T Address: Name and T			
Name and Ti	FIAL OFFICERS AND/OR DIRECTORS itle: Ray (Rashed) Mahbubbi, DP 2598 E. Sunrise Blvd. Suite 2104 Fort Lauderdale, FL 33304	Name and T Address: Name and T			
Name and Ti Address Address	FIAL OFFICERS AND/OR DIRECTORS itle: Ray (Rashed) Mahbubbi, DP 2598 E. Sunrise Blvd. Suite 2104 Fort Lauderdale, FL 33304	Name and T Address: Name and T Address: Address:	itle:		

Name and Title:		Name and Title:		
Addre	SS	Address:		
ARTICLE VI The name and I	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable	A at the registered grown in		
Name:	Registered Agents Inc.			
Address:	7901 4th St N, Ste 300	SEC 7. 2821		
	St. Petersburg, FL 33702	ALLA AUG -		
ARTICLE VII	<u>INCORPORATOR</u>	SECHLTARY OF STATE TALLAHASSEE, FL		
The <u>name and a</u>	ddress of the Incorporator is:	!! S 2: F1		
Name:	Amanda J. Beren	_		
Address:	31416 Agoura Rd., Ste. 118	<u></u>		
	Westlake Village, CA 91361	<u> </u>		
Effective date, if	EFFECTIVE DATE: Tother than the date of filing: date is listed, the date must be specific and car	. (OPTIONAL) mot be more than five days prior or 90 days after the		
Note: If the date the document's c	e inserted in this block does not meet the applical offective date on the Department of State's record	ble statutory filing requirements, this date will not be listed as		
Having been nan certificate, I am j	ned as registered agent to accept service of proces familiar with and accept the appointment as regis	s for the above stated corporation at the place designated in this tered agent and agree to act in this capacity		
	Bel Home	8/18/2021		
	Required Signature/Registered Agent	Date		
l submit this doc document to the i	ument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that the false information submitted in a ony as provided for in s.817.155, F.S.		
	r Za	8/18/2021		
Required Signatu	re/Incorporator	Date		