

Apr. 27. 2022 1:49PM

Division of Corporations

No. 4020 P. 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H22000152313 3)))



H220001523133ABCT

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : GERALD WEINBERG, P.C.  
Account Number : I20030000043  
Phone : (800)342-9856  
Fax Number : (800)354-3381

**\*\*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  
ASI LA VIDA FLORIDA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

RECEIVED

2022 APR 27 PM 1:05

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
REGISTRATION & SERVICES

2022 APR 27 PM 8:04

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

**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: Asi La Vida Florida, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
8436 Via Vittoria Way  
Orlando, FL 32819

Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all Lawful Business

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 with a par value of \$.001

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Anil Ugur, President</u>	Name and Title: _____
Address <u>8436 Via Vittoria Way</u>	Address: _____
<u>Orlando, FL 32819</u>	_____

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____

FILED  
2022 APR 27 PM 8:04

(H22000152315 5)

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: Incorporating Services, Ltd.  
 Address: 1540 Glenway Drive  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lawrence A. Kirsch, Esq.  
 Address: 90 State St., Ste 815  
Albany, NY 12207

**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*

/s/ Melissa Moreau, Asst. Sec.  
 Required Signature/Registered Agent

4/27/2022  
 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.*

Lawrence A. Kirsch  
 Required Signature/Incorporator

4/27/2022  
 Date

(H22000152313 2)

FILED  
 2022 APR 27 PM 8:04  
 TALLAHASSEE, FL  
 CLERK OF THE COURT