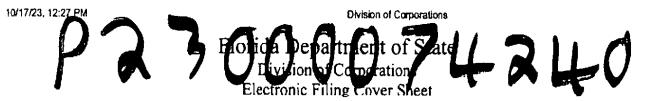
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FLORIDA PROFIT/NON PROFIT CORPÖRATION ALFOVILLA CORP

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COVER LETTER

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

SUBJECT:	ALFOVILLA CORP
	(PROPOSED CORPORATE NAME - MICTING LINE SUPERV

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$ \$70.00

□ \$78.75

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Filing Fee

& Certificate of Status

□ \$78.75

□ \$87.50

Filing Fee

Filing Fee,

& Certified Copy

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FROM:	TAX S PRO CORP
r KOWI.	Name (Printed or typed)
	8030 PINES BLVD
	Address
	PEMBROKE PINES, FLORIDA 33024
	City, State & Zip
	786-3072733
-9-	Daytime Telephone number
	INFO@TAXSPRO.COM

E-mail address: (to be used for future annual report notification)

① Oct 17, 2023 12:39 (UTC-04) From: +19544207118 (TAX S PRO)

Name an	d Thie;	Name and Title:	
Address		Address:	
			
	REGISTERED AGENT orlda street address (P.O. Box NOT acceptab	le) of the registered agent is:	
Name:	TAX S PRO CORP		
Address:	8030 PINES BLVD		
	PEMBROKE PINES, FL 330	24	
ARTICLE VII	<u>INCORPORATOR</u>		
The name and ac	Idress of the incorporator is:		
	TAX S PRO CORP		
Address:	8030 PINES BLVO PEMBROKE PINES , FL 33024		
ARTICLE VIII	EFFECTIVE DATE: 10/17/	2000	
Effective date, if	other than the date of filing: ate is listed, the date must be specific and co	. (OPTIONAL) annot be more than five days prior	or 90 days after the
Note: If the date the document's c	inserted in this block does not meet the applications date on the Department of State's reco	eable statutory filing requirements, this ords.	s date will not be listed as
Having been nam certificate, I am f	sed as registered again to accept service of proc amiliar with and accept the appointment as reg	ess for the above stated corporation at ristered agent and agree to act in this c	the place designated in th apacity
			10/17/2023
	Required Agnature Registered Agent		Date
I submit this doc document to the l	ument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the false it elony as provided for in s.817.155, F.S.	nformation submitted in
			10/17/2023
Required Signatu	re/Incorporator	Date	
	4		20
			2023 ú C
			· · · · · · · · · · · · · · · · · · ·

(3)

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

CIEN OD	INCIDAL OFFICE		
CLEII PK	INCIPAL OFFICE Principal <u>street</u> address	Mailing address, if differen	nt is:
IN COU	RSE DR APT 401	2900 N COURSE DE	RAPT4
MPANO :	BEACH, FL 33069	POMPANO BEACH	
CLE III PU	RPOSE ch the corporation is organized is:		
NY AND A	ALL LAWFUL BUSINES	S	
			
	· · · · · · · · · · · · · · · · · · ·		
CLE IV SHA umber of shares			
umber of shares	of stock is: 100		
unber of shares	of stock is: 100		
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TLE V INT	of stock is: 100 IIAL OFFICERS AND/OR DIRECT Titl PRESIDEN		ON s
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TLE V INT	TIAL OFFICERS AND/OR DIRECT TI	T , CRISTIAN ALF DR APT 401 CH, FL 33069	ON
TLE V INT Name and T Address	TIAL OFFICERS AND/OR DIRECT TI	T , CRISTIAN ALF DR APT 401 CH, FL 33069 Name and Title:	ONS
TIE V INT Name and T Address	TIAL OFFICERS AND/OR DIRECT TI	T , CRISTIAN ALF DR APT 401 CH, FL 33069 Name and Title:	ONS
TIE V INT Name and T Address	TIAL OFFICERS AND/OR DIRECT TI	T , CRISTIAN ALF DR APT 401 CH, FL 33069 Name and Title:	ONS
mber of shares CLE V INF Name and T Address Address	TIAL OFFICERS AND/OR DIRECT TI	T , CRISTIAN ALF DR APT 401 CH, FL 33069 Name and Title:	
TLE V INF Name and T Address	TIAL OFFICERS AND/OR DIRECT TITLE PRESIDEN VILLARAN 2900 N COURSE POMPANO BEA	T , CRISTIAN ALF DR APT 401 CH, FL 33069	ONS
Name and T Address Address	TIAL OFFICERS AND/OR DIRECT TITLE PRESIDEN VILLARAN 2900 N COURSE POMPANO BEA	T , CRISTIAN ALF DR APT 401 CH, FL 33069 Name and Title: Address: Name and Title:	
The V INF Name and T Address Address	TIAL OFFICERS AND/OR DIRECT TITLE PRESIDEN VILLARAN 2900 N COURSE POMPANO BEA	T , CRISTIAN ALF DR APT 401 CH, FL 33069 Name and Title: Address: Name and Title:	
nber of shares LE V INF Name and T Address Address	TIAL OFFICERS AND/OR DIRECT TITLE PRESIDEN VILLARAN 2900 N COURSE POMPANO BEA	T , CRISTIAN ALF DR APT 401 CH, FL 33069 Name and Title: Address: Name and Title:	(023 j.)