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(Requestor's Name)

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(City/State/Zip/Phone #)

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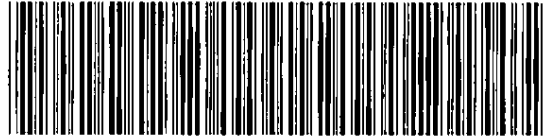
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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## COVER LETTER

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

SUBJECT: F.L.A.V. Surveys Corp.  
(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**

FROM: Andra Miguel Vazquez Placeres.  
Name (Printed or typed)

241 Everglades Blvd. S.  
Address

Naples, FL 34117.  
City, State & Zip

(786-226-2790)  
Daytime Telephone number

flavsurveyscorp@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 NAME**

The name of the corporation shall be: F.L.A.V. Surveys Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

Andra Miguel Vazquez Placeres.

241 Everglades Blvd. S. Naples, FL 34117.

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Corporation is organized as - built surveys,

Boundary Line Surveys, Construction Stakeout, Trce. Location Surveys,

Robotic total station Surveys, Topographic Surveys, Building Stake Out,

Pike Staking, Foundation/ Spot Survey, Set Benchmarks, Survey for

Pool Construction, Survey for Screen Construction, Survey for Additions,

Construction, Fical Survey, Wetland Survey's, Dock Surveys,

Riparian Right Surveys, Water High Water Surveys, Lot Line Adjustments,  
Prepare Legal Discriptions, Dispute Resolution Surveys, Elevations Certificate.

**ARTICLE IV SHARES**

The number of shares of stock is: 1.

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

Name and Title: Pres. Placeres.  
Andra Miguel Vazquez

Name and Title: \_\_\_\_\_

Address 241 Everglades Blvd. S.  
Naples, FL 34117.

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FL

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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: Andra Miguel Varquez Placeres.  
Address: 241 Everglades Blvd S.  
Naples, FL 34117.

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Andra Miguel Varquez Placeres.  
Address: 241 Everglades Blvd S.  
Naples, FL 34117.

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**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*

\_\_\_\_\_  
Required Signature/Registered Agent

10/03/2023  
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.*