Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305)552-5973

Fax Number

: (305)675-5944

**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 ALWAGD SERVICES INC.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is

Alvagd services Inc.	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
15063 SW 148 CT.	
Miani, FC. 33196	
ARTICLE III SHARES: The number of shares of stock is:/	
Planca Rosa Alvardz. (P)	
1000CV- 150SQ 100Q1Q0. (+)	
70) 24(1) 24(1)	2024 JAN
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	8
The name and Florida street address (PO Box not acceptable) of the regis ered agent is:	AH 9:
Blanca Rosa Alvarez 75	
15063 gw 1480T Diam. Fl. 33196.	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Blance Rose Alvarez 15063 GW 1480T Niami Fl. 33196	
13043 GW 14801 MIGHT FL. 33144	

Required Signatures:

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

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.

2024 JAN 18 AM 9: 14 SECTIONS SEE, FL

Date