Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

: (305)552-5973

Phone 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 AVVAR CONSULTING, INC.

Certificate of Status	
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Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help



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AVVAR Consulting, Inc. ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I - CORPORATION NAME & PINI

The name of the corporation is:

AVVAR Consulting, Inc.

The Employer Identification Number (EIN) of the corporation is:

99-1317935

ARTICLE II - PRINCIPAL OFFICE AND MAILING ADDRESS:

The principal office address of the corporation is:

14357 Southern Red Maple Drive Orlando, FL 32828

ARTICLE III - SHARES:

The number of shares of stock is: 1000.

ARTICLE IV - INITIAL DIRECTORS AND/OR OFFICERS:

The name and title of each initial director and/or officers authorized to manage and control the corporation:

Carlos Lorenzo Arroyo

Director 14357 Southern Red Maple Drive Orlando, FL 32828

ARTICLE V - INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and street address of the initial registered agent are:

Carlos Lorenzo Arroyo

Director 14357 Southern Red Maple Drive Orlando, FL 32828

ARTICLE VI - INCORPORATOR:

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The name and street address of the initial registered agent are:

Carlos Lorenzo Arroyo

Director 14357 Southern Red Maple Drive Orlando, FL 32828 FILED

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SECRETARY OF STATE
STATE FLORIDS

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ARTICLE VII - Purpose:

The purpose for which the corporation is organized is:

Any activities allowed by the laws of the state of Florida and the United States of America.

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.

Jalos Jimyo 02-13-2024

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