

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**PR 40000 50044**

Note: Please print this page and attach it to a cover sheet type  
below on the top and bottom of all pages of

(((H24000253505 3)))



H240002535053ABC-

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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
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**  
**ALVA-CENTURION & CO. INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2014 JUL 26 PM 3:40

CORPORATIONS  
COMMERCIAL  
SERVICES[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

ALVA-CENTURION &amp; CO. INC.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

12272 SW 143 LANE

MIAMI, FL 33186

**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

JOSE ALVA-CENTURION - PRES

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

JOSE ALVA-CENTURION

12272 SW 143 LANCE

MIAMI, FL 33186

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

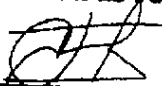
JOSE ALVA-CENTURION

12272 SW 143 LANE

MIAMI, FL 33186

**Required Signatures:**

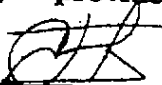
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

\_\_\_\_\_  
Registered Agent

07/25/2024

\_\_\_\_\_  
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.

\_\_\_\_\_  
Incorporator

07/25/2024

\_\_\_\_\_  
Date