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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : VP ACCOUNTING AND SERVICES LLC
Account Number : I20240000138
Phone : (786)518-0497
Fax Number : (786)667-5135

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: info@vpaaconsulting.com

FLORIDA PROFIT/NON PROFIT CORPORATION
AVALOM QUEST CORP

Certificate of Status	0
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Corporate Filing Menu

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: AVALOM QUEST 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: VPAA CONSULTING
Name (Printed or typed)

8250 NW 27TH STREET UNIT 309
Address

DORAL FL 33122
City, State & Zip

786-518-0497
Daytime Telephone number

info@vpaaconsulting.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: AVALOM QUEST CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

8740 NW 110 AVE8740 NW 110 AVEDORAL FL 33172DORAL FL 33172**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THE COMPANY WILL BY ENGAGED IN THE SALE OF PRODUCTS. THE PROVISION OF SERVICES,
AND ANY OTHER LAWFUL ACTIVITIES PERMITTED UNDER THE LAWS OF THE STATE.

ARTICLE IV SHARESThe number of shares of stock is: 10.000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DE LOS SANTOS, RAFAEL / DIRECTORName and Title: LUCIANI, LORENA / MANAGING DIRECTORAddress: 8740 NW 110 AVEAddress: 8740 NW 110 AVEDORAL FL 33172DORAL FL 33172

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

2024 NOV 21 AM 4:27
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: VPAA CONSULTING
Address: 8250 NW 27TH STREET UNIT 309
DORAL FL 33122

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: LUCIANI LORENA
Address: 8740 NW 110 AVE
DORAL FL 33172

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

Aracela V Perez
Aracela V Perez (Nov 20, 2024 16:36 EST)

Required Signature/Registered Agent

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.

Lorena Luciani
Lorena Luciani (Nov 20, 2024 19:10 EST)

Required Signature/Incorporator

11/20/2024

2024 NOV 21 AM 4:28
STATE
FLORIDA

Date