

P21000001020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

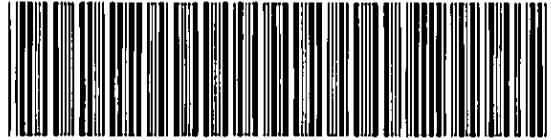
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2021 JAN -7 PM 12:35

CLERK
TALLAHASSEE, FL
FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 1/7/2021

PRIORITY Routine

OUR REF.# (Order ID#) 881557

ORDER ENTITY
AVF GLOBAL FL INC.

PLEASE PERFORM THE FOLLOWING SERVICES:
AVF GLOBAL FL INC. (FL)

Please file the attached and provide a certified copy.

NOTES:
\$78.75 Authorized
Email address for annual report reminders: jim@weinbergpc.com

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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ARTICLES OF INCORPORATION

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

2021 JAN -7 AM 9: 14

ARTICLE I NAME

The name of the corporation shall be: AVF GLOBAL FL INC.

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address
141 Crandon Boulevard
Apartment 437

Mailing address, if different is:

Key Biscayne, FL 33149

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andrea N. Valdes-Fauli Name and Title: _____
Dir.

Address 141 Crandon Blvd. Address: _____
Apartment 437
Key Biscayne, FL 33149

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

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

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: Andrea N. Valdes-Fauli
 Address: 141 Crandon Boulevard, Apt. 437
Key Biscayne, FL 33149

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lawrence A. Kirsch
 Address: 90 State Street, Suite 815
Albany, New York 12207

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 TALLAHASSEE, FL

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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

Andrea N. Valdes-Fauli 1/7/2021
 Required Signature/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.

Lawrence A. Kirsch 1/7/2021
 Required Signature/Incorporator Date