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(((H19000364079 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name

: ACCOUNTING REVENUE SERVICE, INC.

Account Number : I20110000041

Phone

: (305)887-8730

Fax Number

: (305)887-8744

**Enter	the	email	address	for	this	busine	288	entity	to	be	used	for	fut	ue
an	nual	repor	t mailin	gs.	Enter	only o	one	email	add	ress	, ple	ase.	4 +	1.

Email	Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION PABLO ZYLBERBERG P.A

Certificate of Status	0
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Page Count	04
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(((H19000364079 3))) **COVER LETTER**

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

SUBJECT:	PABLO ZYLBERBERG P.A						
	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)						
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	d a check for:				
∑ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status				
		TODITIO: WID CO	7 T REQUIRED				
FROM:	PABLO	ZYLBERBERG					
1 KOM	Name (Printed or typed)						
	2367 PA	SADENA WAY					
	Address						
WESTON, FL 33327							
	City,	State & Zip					
	954	-744-6513					
	Daytime To	lephone number					
. <u>-</u>	INFO@ARSTAXES.COM						
	E-mail address: (to be used	for future annual report r	notification)				

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

(((H19000364079 3)))

(((H19000364079 3)))

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

ARTICLE I The name of the	NAME PABLO Z	YLBERBERG P.A	
	PRINCIPAL OFFICE Principal street address A WAY	Mailing addre	ss, if different is: IDRESS
ARTICLE III The purpose fo	PURPOSE or which the corporation is organized is: REAL		
ARTICLE IV The number of	SHARES Shares of stock is: 100 SHARES AT \$1.00 PAR	R VALUE	2019 DEC 18 SEGRETAR
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS and Title: PABLO ZYLBERBERG/ P		PH &
Name Addre	and Title:ess		
Name Addre	and Title:ess	Name and Title:	

(((H19000364079 3)))

Name and	d Title:	Name and Title:
Address	· 	Address:
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	PABLO ZYLBERBERG	
Address:	2367 PASADENA WAY	· ·
	WESTON, FL 33327	
ADTICLEVII	INCORPOR 4 TOR	
	INCORPORATOR Idress of the Incorporator is:	
Name:	PABLO ZYLBERBERG	
Address:	2367 PASADENA WAY	
Addiess.	WESTON, FL 33327	•
		•
Effective date, if	other than the date of filing: 01/01/2020 ate is listed, the date must be specific and cannot	. (OPTIONAL) t be more than five days prior or 90 days after the
Note: If the date the document's ef	inserted in this block does not meet the applicable fective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been nam certificate, I am fo	miliar with and accept the appointment as register.	or the above stated corporation at the place designated in this ed agent and agree to act in this capacity
	Jan	
	Required Signature/Registered Agent	ADBIE THE
I submit this document to the E	ument and affirm that the facts stated herein are Department of State constitutes a third degree felony	
THE		12/18/19 2
Required Signatur	re/Incorporator	Date P

(((H19000364079 3)))