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DIVISION OF CORPORATIONS

22 SEP - 1 PH 3: E

COVER LETTER

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

CUDIECT.	Michael Iosue, CPA, P.A.			
SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	& Certificate of Status	
		ADDITIONAL CO	DPY REQUIRED	
FROM:		teven R. Berger e (Printed or typed)		
		P.C., 1633 Broadway, 31s	st Floor	
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		ork, NY 10019 . State & Zip		
	·	2-407-7714		
	-	Telephone number		
		redderprice.com and for future annual report	notification)	
	L-man address, (to be use	a to rame united report		

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

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 899774 4348220

AUTHORIZATION :(/

COST LIMIT :/

ORDER DATE: August 22, 2022

ORDER TIME : 9:23 AM

ORDER NO. : 899774-240

CUSTOMER NO: 4348220

DOMESTIC FILING

MICHAEL IOSUE, CPA, P.A. NAME:

EFFECTIVE DATE:

	ARTICLE CERTIFI ARTICLE	CATE	OF LIM	ITED I	PARTNE	RSH]	ĮΡ
PLEASE	RETURN	THE :	FOLLOWI	NG AS	PROOF	OF	FILING:
XX		STAM	COPY PED COP E OF GO	_	ANDING		

CONTACT PERSON: Eyliena Baker - EXT.

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

ARTICLE 1 NAME The name of the corporat	ion shall be: Michael Iosue, CPA, P.A	١.	
<u>ARTICLE II PRINC</u>			ailing address, if different is:
	<u>Public</u> e corporation is organized is:	•	
ARTICLE IV SHARI The number of shares of	ES stock is:1,000 common shares,\$0.0	1 par valu	DIVISION OF C
ARTICLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTORS Michael losue, President	Name and Title:_	PM 3
Address	3606 W. Anderson Avenue Tampa, FL 33611	Address:	27 1100%
Name and Title:		Name and Title:	
Name and Title: Address			
			

Name a	nd Title:	Name and Title:	
Addres	s	Address:	
			· · · · · · · · · · · · · · · · · · ·
	<u>REGISTERED AGENT</u> Torida street address (P.O. Box NOT accep	otable) of the registered agent is:	
Name:	Michael Iosue		^ , °
Address:	3606 W. Anderson Avenue		1718H
	Tampa, FL 33611		SEP -
			- 1 700 700 700 700 700 700 700 700 700 7
ARTICLE VII	INCORPORATOR		PH 3: 54
The name and a	ddress of the Incorporator is:		5 <u>1</u>
Name:	Michael losue		* **
Address:	3606 W. Anderson Avenue		
	Tampa, FL 33611		
ARTICLE VIII	EFFECTIVE DATE:	(Opmios).	
(If an effective of	fother than the date of filing:		b) nrior or 90 days after the
filing.)	,		
Note: If the date	e inserted in this block does not meet the ap	plicable statutory filing requireme	nts, this date will not be listed
	effective date on the Department of State's		
Unvina kaan na	med as registered agent to accept service of p		
	familiar with and accept the appointment as	registered agent and agree to act t	n this capacity
	familiar with and accept the appointment as Occusioned by: Michael lossue.	registered agent and agree to act t	n this capacity Aug 23, 2022

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.