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ALLAHASSEE, FLE



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088

Date: December 30, 2021	Account#. 12000000000
Name: KEN	
Reference #:1553118	
Entity Name: CSTA	MIAMI INC.
✓ Articles of Incorporation/Authorization to	Transact Business
☐ Amendment	
☐ Change of Agent	ISSUES? CALL
Reinstatement	KEN:
Conversion	518-213-0738
☐ Merger	
Dissolution/Withdrawal	
Fictitious Name	
Other	
Authorized Amount: \$70.00	
Signature	

COVER LETTER

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

SUBJECT:	CSTA Miami Inc. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
Enclosed is an original an	d one (1) copy of the Artic			
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate	
FROM: _	COGENCY GLOBAL IN		-	
	Name (Printed or typed) 111 W. Washington Street, Suite 1447 Address		-	
	Chicago, IL 60602		_	
	City, State & Zip 877.374.6162			
	Daytime Telephone number		_	
	operations@cs	teachers.org		

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

E-mail address: (to be used for future annual report notification)

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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

	NAME corporation shall be:	CSTA Miami Inc.
	PRINCIPAL OFFICE Principal street address: 41 NE 138 Street, North Miami, FL 33	Mailing address, if different is:
This chapte	er was built to connect you with other of	computer science teachers, provide professional development to cal voice to the national computer science education community.
		er in which the directors are elected and appointed:
ARTICLE IV	INITIAL OFFICERS AND/OR DIRECT Michael Sakowicz, Treasurer	<i>TORS</i> Mario Fraso, VP
Name and Title: Address	1741 NE 138 Street North Miami, FL 33181	Name and Title:
Name and Title:	Willy Orozco, President 14335 SW 108th Street Miami, FL 33186	Name and Title: Address: Address:
Name and Title:	Catheline Ahmed, Secretary 1500 BISCAYNE BLVD. Miami, FL 33015	

Name and Title:		Name and Title:		
Address		Address:		
Name and Title:		Name and Title		
Address		Address:		
 -				
ADTICLE VI DE	GISTERED AGENT			
he name and Florie	la street address (P.O. Box NOT accep	otable) of the regis	tered agent is:	
Name:	COGENCY GLOBAL INC.			
Address:	115 North Calhoun Street, Sui	te 4		
11001035.	Tallahassee, FL 32301			
-				
RTICLE VII IN	CORPORATOR ess of the Incorporator is:			
	Michael Sakowicz			
Name:	1741 NE 138 Street			
Address:	North Miami, FL 33181			
,				
IRTICLE VIII EF	er than the date of filing:		(OPTIONAL)	
If an effective date	is listed, the date must be specific ar	id cannot be mo	re than five days prior or 90 da	ys after the filing.)
Note: If the date ins document's effective	erted in this block does not meet the ap date on the Department of State's reco	oplicable statutory ords.	filing requirements, this date wi	Il not be listed as the
ertificate, I am fami	as registered agent to accept service liar with and accept the appointment a	s registered agent	and agree to act in this capacity	e place designated in this
Ruthory	Required Signature of Registered		12/	30/2/
	Required Signature of Registered	Agent		Date
submit this docume he Department of St	nt and affirm that the facts stated herei ate constitutes a third degree felony as	n are true. I am a provided for in s.	ware that any false information s 817.155, F.S.	ubmitted in a document to
	AH		1	2/20/21
	Required Separture of Incor	porator		Date

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