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(Requestor's Name) (Address) (Address)	900397423759	
(City/State/Zip/Phone #)	11/17/2201002001 **78.75 5. CHATHAM 5. NOV 17 202	
Certificates of Status	22 HOV 16 AM II: 13	
Office Use Only	ATIONS . 13	

COVER LETTER

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

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Financial Industry Advisory Board of Miami Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) SUBJECT:

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

□ \$70.00 Filing Fee

⊡ \$78.75 Filing Fee & Certificate of Status

□\$78.75 Filing Fee & Certified Copy □ \$87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Joseph E. DaGrosa Jr. Name (Printed or typed)

2333 Ponce De Leon Blvd. Suite 630

Coral Gables, FL 33134 City, State & Zip

<u>786-662-3114</u>

Daytime Telephone number

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

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

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624

Authorization Signature: Financial Industry Advisory Board of Mia	ami, Inc.
Business	Document #
Walk in	
Pick up time	
Mail out	Will wait
Photocopy	
Certified Copy of Articles of Organiz	zation (please stamp each page)
X Certificate of Status	
NEW FILINGS	AMMENDMENTS
Profit	Amendment
XNot for Profit	Resignation of R.A. Officer/Directo
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal
LLLP	Merger
CORP	Conversion
	AFFIDAVID BY FOREIGN C
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
	Statement of Partnership
Fictitious Name	Reinstatement
APOSTILOther	
ntry	
1INER'S INITIALS:	

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corporation shall be: Financial Industry Advisory Board of Miami Corp.				
ARTICLE II PRINCIPAL OFFICE				
Principal <u>street</u> address:	Mailing address, if different is:			
2333 Ponce De Leon Blvd. Suite 630				
Coral Gables, FL 33134				
ARTICLE III PURPOSE				
The purpose for which the corporation is organized i	is:			
to provide assistance to companies, particularly t	hose in the financial industry, that are contemplatir	<u>ig establishing</u>		
or expanding their presence in Miami. Specifically	y, members will provide vital insight and advice to k	ey decision		
makers of prospective companies and will serve a	as a crucial point of contact in facilitating a company	y's transition		
to Miami. These efforts are designed to create sig	gnificant new job opportunities in Miami and to furt	her cement		
	l capital			
Centencimientes posicionas an entenging manera				
	her in which the directors are elected and appointed:			
as described in the bylaws.				
ARTICLE V INITIAL OFFICERS AND/OR DIRECT	<u>TORS</u>			
Name and Title: Joseph DaGrosa Jr., Co-Chairman	Name and Title: <u>Antonio Primo. Co-Chairman</u>			
Address 2333 Ponce De Leon Blvd. Suite 630		ı		
	Audress2333 FUILE DE LEUIL BIVUL BUILE 030	Ţ		
Name and Title: Garrett Navia, Vice-Chairman	Name and Title:			
Address 2333 Ponce De Leon Blvd. Suite 630	Address:	N C .		
		51715 22 N		
		NON		
Name and Title:	Name and Title:	6 225		
Address	Address:	AHU		
		3		

Name and Title:
Name and Title:

Address
Address:

Name and Title:
Name and Title:

Address
Address:

<u>ARTICLE VI REGISTERED AGENT</u> The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:

Name:	Legacy R.A. Group Inc.	
Address:	2330 Clare Dr.	
	Tellahassee, FL 32309	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	
The <u>name and a</u>	ddress of the Incorporator is:	
Name:	Joseph DaGrosa Jr.	

2333 Ponce De Leon Blvd. Suite 630

Coral Gables, FL 33134

22 NOV AMII: 13

ARTICLE VIII EFFECTIVE DATE:

Address:

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.)

<u>Note:</u> 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

Required Signature of Registered Agent 0

16/202

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Required Signature of Incorporator

1/16/2022