

מסמך 7/1

## COVER LETTER

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

**SUBJECT:** Piraseas Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Mathias Maloff  
\_\_\_\_\_  
Name (Printed or typed)  
  
1C 9th Ave.  
\_\_\_\_\_  
Address  
  
Stock Island, FL 33040-5866  
\_\_\_\_\_  
City, State & Zip  
  
312-371-5773  
\_\_\_\_\_  
Daytime Telephone number  
  
mmaloff@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be: Piraseas Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1C 9th Ave.

Stock Island, FL 33040

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide entertainment to small groups.

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mathias Maloff, President

Name and Title: Leslie Maloff, Financial Officer

Address 1C 9th Ave.

Address: 1350 River Reach Drive, unit 406

Stock Island, FL 33040-5866

Fort Lauderdale, FL 33315-1173

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: Leslie Maloff  
Address: 1350 River Reach Drive, unit 406  
Fort Lauderdale, FL 33315-1173

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Leslie Maloff  
Address: 1350 River Reach Drive, unit 406  
Fort Lauderdale, FL 33315-1173

15 JUN 29 PM 1:42  
SECRET  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 06-25-2015 BY 60321

**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 business days prior or 90 business 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*

Leslie Maloff  
Required Signature/Registered Agent

June 25, 2015  
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.*

Leslie Maloff  
Required Signature/Incorporator

June 25, 2015  
Date