

Florida Department of State

Division of Corporations
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Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
STARTUP OFF FL. CORP.**

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

Corporate Filing Menu

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NOV 15 2017

COVER LETTER

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

SUBJECT: STARTUP OFF FL. CORP.
(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 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: CRISTIAN GIACULLI
Name (Printed or typed)
20807 BISCAYNE BLVD. SUITE 104
Address
AVENTURA, FL 33180
City, State & Zip
305-987-7240
Daytime Telephone number
lavand@grgcpa.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: STARTUP OFF FL. CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

20807 BISCAYNE BLVD. SUITE 104
AVENTURA, FLORIDA 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ADRIANA G. SCIARA, PRESIDENT

Name and Title: _____

Address: 20807 BISCAYNE BLVD. STE 104

Address: _____

AVENTURA, FLORIDA 33180

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(cont.)

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: MARK GERSTLE
Address: 2630 NE 203 STREET, STE 104
AVENTURA, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ADRIANA G. SCIARA
Address: 20807 BISCAYNE BLVD. STE 104
AVENTURA, FLORIDA 33180

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

[Signature]
Required Signature/Registered Agent

11/8/17
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.817.135, F.S.

[Signature]
Required Signature Incorporator

11/08/2017
Date

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