

**P1900006718U**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H19000262503 3)))



H19000262503ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2019 AUG 30 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FL

**FLORIDA PROFIT/NON PROFIT CORPORATION  
PIMAS & COMPANY P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

N CULLIGAN

SEP 3 2019

2019 AUG 30 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

PIHAS & COMPANY P.A.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2049 S OCEAN DRIVE APT 201  
HALLANDALE BEACH, FL 33009

**ARTICLE III SHARES:** The number of shares of stock is:

100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

DANIEL PIHAS (P)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

DANIEL PIHAS

2049 S OCEAN DRIVE APT 201  
HALLANDALE BEACH, FL 33009

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

DANIEL PIHAS

2049 S OCEAN DRIVE APT 201  
HALLANDALE BEACH FL 33009

\* **ARTICLE VII PURPOSE:** REAL ESTATE

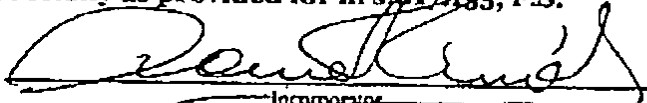
**Required Signatures:**

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

  
\_\_\_\_\_  
Registered Agent

\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator

\_\_\_\_\_  
Date

2019 AUG 30 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FL