

P19000070533

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
REGIONS UNIVERSITY LEASEHOLD INC**

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

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J DENNIS

SEP 16 2019

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

19 SEP 19 PM 2:26

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

Regions University Leasehold INC

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

13001 Zambrana Street  
Coral Gables FL 33156**ARTICLE III SHARES:** The number of shares of stock is: 1000**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

PRESIDENT:

Alexander Boria

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

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

Alexander Boria  
13001 Zambrana Street  
Coral Gables FL 33156**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Alexander Boria  
13001 Zambrana Street  
Coral Gables FL 33156

19 SEP 19 PM 2:26

**Required Signatures:**

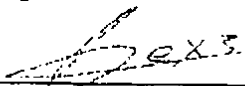
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

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

9/12/19

\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator

9/12/19

\_\_\_\_\_  
Date