

PI9000083433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

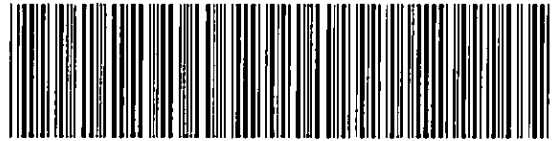
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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19 NOV -7 PM 3:36

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2019 NOV -7 AM 9:51

SEC 1
TALLAHASSEE, FL 32301

NOV 08 2019

K Brumbley

Sunshine State Corporate Compliance Company

*3458 Lakeshore Drive, Tallahassee, Florida 32312
(850) 656-4724*

DATE 11/7/2019

****WALK IN****

ENTITY NAME LORIA HOLDING CORP.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

*Plain Copy
Certified Copy
Certificate of Status*

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

*Certified Copy of Arts & Amendments
Certificate of Good Standing*

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$78.75

CHECK # 6815

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: Loria Holding 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 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: United Corporate Services, Inc.

Name (Printed or typed)

100 State Street 8th Floor

Address

Albany NY 12207

City, State & Zip

877-894-9049

Daytime Telephone number

info@loriamedical.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: Loria Holding Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3625 NW 82nd Ave Miami FL 33166

10773 NW 58th St Ste 751 Doral FL 33178

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Victor Loria-President/Director

Name and Title:

Address 3625 NW 82nd Ave Miami FL 33166

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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ST. LOUIS, MO
FALLS CHURCH, VA

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: United Corporate Services, Inc.
Address: 9200 S. Dadeland Blvd., Ste. 508
Miami FL 33156

ARTICLE VII INCORPORATOR

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

Name: Joey Kelley
Address: 100 State Street 8th Fl
Albany NY 12207

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 days prior or 90 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

Michael A. Bana 11-7-19
Required Signature/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.817.155, F.S.

Joey Kelley 11-7-19
Required Signature/Incorporator Date