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Division of Corporations
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 : IMPROVED REVENUE SERVICE INC
Account Number : I20190000119
Phone : (786)552-2905
Fax Number : (786)733-1744

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
LORENZO CONSULTING INC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: LORENZO CONSULTING 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: LORENZO CONSULTING INC
Name (Printed or typed)

2899 COLLINS AVE APT 1627
Address

MIAMI BEACH, FL 33140
City, State & Zip

786-306-5377
Daytime Telephone number

IMPROVEDRESE@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: LORENZO CONSULTING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

SAME AS PRINCIPAL ADDRESS

2899 COLLINS AVE APT 1627

MIAMI BEACH, FL 33140

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 AT \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALI LORENZO / PRESIDENT

Name and Title: _____

Address 2899 COLLINS AVE APT 1627

Address: _____

MIAMI BEACH, FL 33140

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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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: ALI LORENZO
 Address: 2899 COLLINS AVE APT 1627
MIAMI BEACH, FL 33140

ARTICLE VII INCORPORATOR

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

Name: ALI LORENZO
 Address: 2899 COLLINS AVE APT 1627
MIAMI BEACH, FL 33140

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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

 Required Signature/Registered Agent
 07/26/2020
 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.

 Required Signature/Incorporator
 07/26/2020
 Date

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