

P200000 75204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

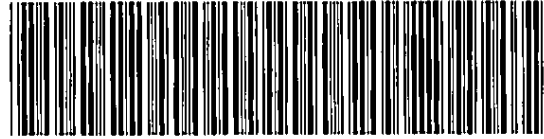
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/29/20--01001--011 \*\*70.00

2020 SEP 28 11:02

FILED

2020 SEP 28 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FL

C RICO  
SEP 28 2020

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

\_\_\_\_\_  
(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. FITZGERALD HOLDINGS CORP.

Name

Document Number (if known)

☒ Walk in

\_\_\_\_ Will wait

\_\_\_\_ Certified Copy of:

\_\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_\_ Profit

\_\_\_\_ Not for Profit

\_\_\_\_ Limited Liability

\_\_\_\_ Domestication

\_\_\_\_ INC

☒ OTHER

**AMENDMENTS**

\_\_\_\_ Amendment

\_\_\_\_ Resignation of R.A. Officer/Director

\_\_\_\_ Change of Registered Agent

\_\_\_\_ Dissolution/Withdrawal

\_\_\_\_ Merger

**OTHER FILINGS**

\_\_\_\_ Annual Report

\_\_\_\_ Fictitious Name

\_\_\_\_ Statement of Authority

\_\_\_\_ APOSTIL

\_\_\_\_\_  
COUNTRY

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_ Foreign

\_\_\_\_ Limited Partnership

\_\_\_\_ Reinstatement

\_\_\_\_ Trademark

\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** FITZGERALD HOLDINGS 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 Filing Fee

☐ \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: \_\_\_\_\_  
Name (Printed or typed)

1680 MICHIGAN AVE #700  
\_\_\_\_\_  
Address

MIAMI BEACH FL 33139  
\_\_\_\_\_  
City, State & Zip

888-650-3738  
\_\_\_\_\_  
Daytime Telephone number

*otherdocstorus@gmail.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: FITZGERALD HOLDINGS CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1680 MICHIGAN AVE #700

MIAMI BEACH, FL 33139

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: OMAR FITZGERALD / P, CEO

Name and Title: OMAR FITZGERALD / D

Address 1680 MICHIGAN AVE #700

Address: 1680 MICHIGAN AVE #700

MIAMI BEACH, FL 33139

MIAMI BEACH, FL 33139

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FILED  
2020 SEP 28 AM 11:08  
CLERK OF DISTRICT COURT  
MIAMI BEACH, FL

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: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: OMAR FITZGERALD  
Address: 1680 MICHIGAN AVE #700  
MIAMI BEACH, FL 33139


**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*

 Kristyn Simpson ASST. VP  
\_\_\_\_\_  
Required Signature/Registered Agent  
9/28/20  
\_\_\_\_\_  
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 OMAR FITZGERALD  
\_\_\_\_\_  
Date 9/28/20