

**P2000003873**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : Vcorp SERVICES, LLC  
Account Number : 120080000067  
Phone : (845) 425-0077  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
MIRIAM SPIRA INC**

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J. FASON

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**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: MIRIAM SPIRA INC

**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

4020 N. HILLS DRIVE, APT 39

4020 N. HILLS DRIVE, APT 39

HOLLYWOOD, FL 33021

HOLLYWOOD, FL 33021

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Insurance Agent

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title: MIRIAM SPIRA President &amp; Director

Name and Title:

Address 4020 N. HILLS DR. APT 39

Address:

HOLLYWOOD, FL 33021

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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: MIRIAM SPIRA

Address: 4020 N. HILLS DRIVE, APT 39

HOLLYWOOD, FL 33021

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is

Name: MIRIAM SPIRA

Address: 4020 N. HILLS DRIVE, APT 39

HOLLYWOOD, FL 33021

**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*Miriam Spira

Required Signature/Registered Agent

11/6/2020

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.*Miriam Spira

Required Signature/Incorporator

11/6/2020

Date

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