

P21000014270
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 : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

****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
ARIAS FAMILY OFFICE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: ARIAS FAMILY OFFICE, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

78 SW 7TH STREET, SUITE 50078 SW 7TH STREET, SUITE 500MIAMI, FL 33130MIAMI, FL 33130**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: any lawful activity**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ANTHONY W ARIAS, CEO

Name and Title: _____

Address 78 SW 7TH STREET, SUITE 500

Address: _____

MIAMI, FL 33130

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: ANTHONY W ARIAS
Address: 10185 COLLINS AVENUE #501
BAL HARBOUR, FL 33154

ARTICLE VII INCORPORATOR

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

Name: ANTHONY W ARIAS
Address: 78 SW 7TH STREET, SUITE 500
MIAMI, FL 33130

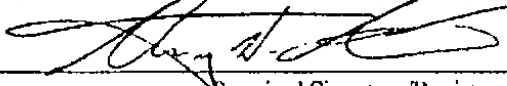
ARTICLE VIII EFFECTIVE DATE:

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 business days prior or 90 business 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 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 described in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

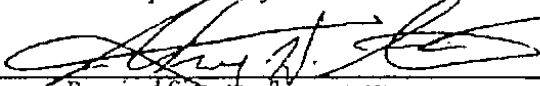


Required Signature/Registered Agent

02/11/2021

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

02/11/2021

Date