

P21000031907	
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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

1

PICK-UP

WAIT

1

MAIL

(Business Entity Name)

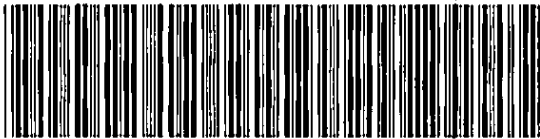
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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04/09/21--01012--015	**70.00
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2021 APR 9 PM 3:04
MULTIMEDIA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

IATTGAA Corp

Signature

Requested by: SETH

04/09/21

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

COVER LETTER

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

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

FROM: Mimi Bared

Name (Printed or typed)

201 Alhambra Circle, Suite 501

Address

Coral Gables, FL 33134

City, State & Zip

305-666-6010

Daytime Telephone number

mimi@baredlaw.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 IATTGAA CORP.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
201 Alhambra Circle, Suite 501
Coral Gables, FL 33134

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Any all lawful business.

ARTICLE IV SHARES
The number of shares of stock is: 100 Shares at \$1.00 Par Value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Isaac Eskenazi, P
Address: 201 Alhambra Circle, Suite 501
Coral Gables, FL 33134

Name and Title: _____
Address: _____

Name and Title: Adela Sitt, S
Address: 201 Alhambra Circle, Suite 501
Coral Gables, FL 33134

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Pablo R. Bared, Esq.
Address: 201 Alhambra Circle, Suite 501
Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pablo R. Bared, Esq.
Address: 201 Alhambra Circle, Suite 501
Coral Gables, FL 33134

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

April 9, 2021

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

April 9, 2021

Date

2021 APR - 9 PM 3:04
INCORPORATION