

P210000 38497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

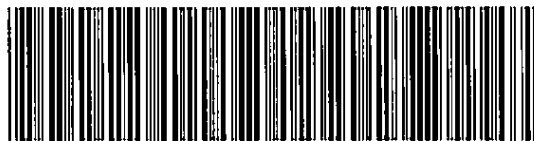
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/30/21--01001--014 **79.75

2021 APR 29 11:07:07

2021 APR 29 11:07:07

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP: 4/29 Glinda

xx CERTIFIED COPY _____
☐ PHOTOCOPY _____
☐ CUS _____
xx FILING ARTICLES _____

1. **Berkeley Financial Services Inc.**
(CORPORATE NAME AND DOCUMENT #) _____
2. _____
(CORPORATE NAME AND DOCUMENT #) _____
3. _____
(CORPORATE NAME AND DOCUMENT #) _____
4. _____
(CORPORATE NAME AND DOCUMENT #) _____
5. _____
(CORPORATE NAME AND DOCUMENT #) _____
6. _____
(CORPORATE NAME AND DOCUMENT #) _____

**SPECIAL
INSTRUCTIONS:**

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: Berkeley Financial Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

201 S. Biscayne Blvd - Suite 2818

Miami, FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Administrative and Financial Services

ARTICLE IV SHARES

The number of shares of stock is: 1,500

2021 APR 29 PM 10:07

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juan Pablo Livinalli

Address: President

201 S. Biscayne Blvd - Suite 2818

Miami, FL 33131

Name and Title: German Rivero-Zerpa

Address: Vice President

201 S. Biscayne Blvd - Suite 2818

Miami, FL 33131

Name and Title: Luis A. Zapata

Address: Secretary

3372 W 91st Terrace

Hialeah, FL 33018

Name and Title: Luis A. Zapata

Address: Treasurer

3372 W 91st Terrace

Hialeah, FL 33018

Name and Title: Luis A. Zapata

Address: Director

3372 W 91st Terrace

Hialeah, FL 33018

Name and Title: _____

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: Registered Agents Inc.

Address: 7901 4th St N, Ste 300

St. Petersburg, FL 33702

ARTICLE VII INCORPORATOR

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

Name: Amanda J. Beren

Address: 31416 Agoura Rd., Ste. 118

Westlake Village, CA 9136

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

04/29/2021

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

04/29/2021

Date