

Florida Department of State
Division of Corporations
Electronic Filing Center

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000189668 3)))



H210001896683ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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 LIMITED LIABILITY CO.
THE CULTURAL STRATEGIST INC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Second Request / 5/19/21

Electronic Filing Menu

Corporate Filing Menu

Help

2021 MAY 18 PM 9:54
RECEIVED
SPECIAL
SERVICES

2021 MAY 18 PM 1:59

ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:The Cultural Strategist INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

201 SW 17th Rd.
Miami FL 33129
unit #902**ARTICLE III SHARES:** The number of shares of stock is: 1000**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Bianca Marie Diaz (P)

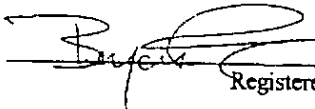
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

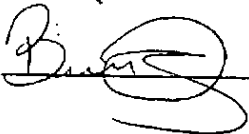
BRYANNA DIAZ
201 SW 17th RD UNIT #902
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:541 NE 62nd St Apt #2
Miami FL 33138

Required Signatures:

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

 _____ 5.11.21
Registered Agent 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.

 _____ 5.11.21
Incorporator Date

RECEIVED
MAY 21 1:50