

P21000059021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

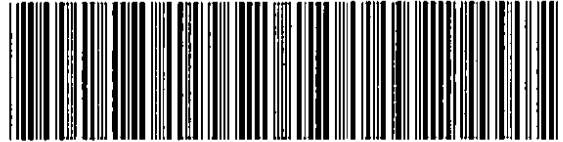
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900368734399

06/23/21--01000--005 478.72  
2021 JUN 23 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FL

2021 JUL 23 PM 12:5

**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:** 6/23 DANNY

**XX CERTIFIED COPY** \_\_\_\_\_

**PHOTOCOPY** \_\_\_\_\_

**CUS** \_\_\_\_\_

**XX FILING** INC

1. **BERKELEY CAPITAL MARKETS, CORP**

(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)

FILED

ARTICLE I NAME

The name of the corporation shall be: Berkeley Capital Markets, Corp

2021 JUN 23 AM 11: 21

ARTICLE II PRINCIPAL OFFICE

Principal street address  
201 S. Biscayne Blvd. Suite 2818  
Miami, FL 33131

SECRETARY OF STATE  
Tallahassee, FL  
Mailing address, if different from principal office:  
201 S. Biscayne Blvd. Suite 2818  
Miami, FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Financial and Administrative Services and any other  
licit activities

ARTICLE IV SHARES

The number of shares of stock is: 1,500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luis A. Zapata, DPVPST

Name and Title: \_\_\_\_\_

Address 201 S. Biscayne Blvd. Suite 2818  
Miami, FL 33131

Address: \_\_\_\_\_

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: 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 91361

2021 JUN 23 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**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*

Bee Hane 6/23/2021  
Required Signature/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.*

AJB 6/23/2021  
Required Signature/Incorporator Date