

P21000070023

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
DIEGO KOJNOVER, PA**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2021 AUG -2 PM 6:55

2021 AUG -2 PM 4:28

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: DIEGO KOJNOVER, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address
900 BAY DR. APT #412
MIAMI BEACH, FL 33141

Mailing address, if different is:
SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THERAPY

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DIEGO KOJNOVER (PRESIDENT)

Address 900 BAY DR. APT # 412
MIAMI BEACH, FL 33141

Name and Title: _____

Address _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2021 AUG -2 PM 4:46

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: DIEGO KOJNOVER

Address: 900 BAY DR. APT # 412
MIAMI BEACH, FL 33141

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DIEGO KOJNOVER

Address: 900 BAY DR APT # 412
MIAMI BEACH, FL 33141

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.

[Handwritten Signature]

Required Signature (Registered Agent)

08/02/2021

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.

[Handwritten Signature]

Required Signature (Incorporator)

08/02/2021

Date