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To:					
	Division of Corporations				
	Fax Number	: (850)617-6381	262		
From:		5	2681 001 22		
	Account Name	: HUBCO			
	Account Number	: HUBCO	N		
	Phone	: (516)935-3940	\sim		
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		ss for this business entity to be used for future,	<u> </u>		
ani	nuai report mail	ings. Enter only one email address please.** 🖓			
Ema	ail Address: ^{CRI}	STINA.BOVE1@GMAIL.COM			

FLORIDA PROFIT/NON PROFIT CORPORATION CRISTINA BOVE CONSULTING INC

Certificate of Status	1
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OCT 1 5 2021 T. SCOTT

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ARTICLES OF INCORPORATION

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

name of the corpor	ation shall be: CRISTINA	BOVE CONSUL	
TICLE II PRIN 740 VIA BELLA A ROMAR LAKES, I	Principal <u>street</u> address CQUA COURT, UNIT 403	Mail	ling address, if different is:
TICLE III PURE purpose for which	OSE the corporation is organized is: <u>ART ADVI</u>		LTING
TICLE IV SHAI	RES 1.500 AT NO PAR VALUE		
	RES fstock is: 1,500 AT NO PAR VALUE		
RTICLE V INITI	AL OFFICERS AND/OR DIRECTORS	Name and Title:	
R <u>TICLE V INITI</u> Name and Tit	AL OFFICERS AND/OR DIRECTORS le: CRISTINA BOVE - PRESIDENT 17740 VIA BELLA ACQUA COURT, UNIT 403	1	
RTICLE V INITI	AL OFFICERS AND/OR DIRECTORS le:		
R <u>TICLE V INITI</u> Name and Tit	AL OFFICERS AND/OR DIRECTORS le:	1	2234 OC (
R <u>TICLE V INITI</u> Name and Tit	AL OFFICERS AND/OR DIRECTORS le:	1	2234 OC (
<u>TICLE V INITI</u> Name and Tit Address	AL OFFICERS AND/OR DIRECTORS le:	Address:	2234 001 22 235 (1999) 2560
<u>TICLE V INITI</u> Name and Tit Address	AL OFFICERS AND/OR DIRECTORS le: 17740 VIA BELLA ACQUA COURT, UNIT 403 MIROMAR LAKES, FL 33913	Address:	2534 OCT 22 NA 18
<u>TICLE V INITI</u> Name and Tit Address Name and Titl	AL OFFICERS AND/OR DIRECTORS le: 17740 VIA BELLA ACQUA COURT, UNIT 403 MIROMAR LAKES, FL 33913	Address:	2534 OCT 22 NM
<u>TICLE V INITI</u> Name and Tit Address Name and Titl	AL OFFICERS AND/OR DIRECTORS le: 17740 VIA BELLA ACQUA COURT, UNIT 403 MIROMAR LAKES, FL 33913	Address:	2534 OCT 22 NA 18
<u>TICLE V INITI</u> Name and Tit Address Name and Titl Address	AL OFFICERS AND/OR DIRECTORS le: 17740 VIA BELLA ACQUA COURT, UNIT 403 MIROMAR LAKES, FL 33913	Address: Name and Title: Address:	2504 OCT 22 MM 10: 117

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Name	and Title:	Name and Title:	
Addi	ress	Address:	
		·····	
	E REGISTERED AGENT d Florida street address (P.O. Bo:	x NOT acceptable) of the registered agent is:	
Name:	CRISTINA BOVE		
Address:	17740 VIA BELLA ACQUA	COURT, UNIT 403	

MIROMAR LAKES, FL 33913

CRISTINA BOVE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

17740 VIA BELLA ACQUA COURT, UNIT 403 MIROMAR LAKES, FL 33913

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

OCTOBER 21, 2021 Date

OCTOBER 21, 2021

Date

Required Signature/Registered Agent

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 Incorporate