

P22000042230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

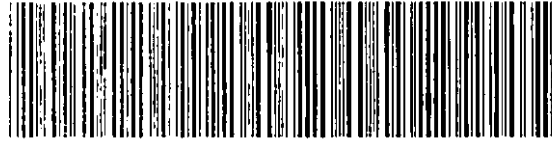
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FL

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 5/26/2022

PRIORITY Regular Approval

OUR REF. # (Order ID#) 1041722

ORDER ENTITY

PROFESSIONAL AUDIT SERVICES, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

PROFESSIONAL AUDIT SERVICES, INC. (FL)

New corp filing

NOTES:

\$70.00 Authorized

Email address for annual report reminders: jay.zhang@usa-corporate.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2022

INCSERV



COPY

*Please honor the
original submission
date as the filed date,
Thanks!!*

SUBJECT: PROFESSIONAL AUDIT SERVICES, INC.
Ref. Number: W22000070459

We have received your document for PROFESSIONAL AUDIT SERVICES, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 922A00012112



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2022 MAY 31 PM 3:19
ALLAHASSEE, FLORIDA

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: PROFESSIONAL AUDIT SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4700 SHERIDAN ST STE J
HOLLYWOOD, FL 33021

4700 SHERIDAN ST STE J
HOLLYWOOD, FL 33021

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ACCOUNTING AND AUDIT SERVICES

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TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANDREW PIERI, PRESIDENT

Name and Title: ANDREW PIERI, DIRECTOR

Address: 86-119 MARENGO ST
HOLLISWOOD, NY 11423

Address: 86-119 MARENGO ST
HOLLISWOOD, NY 11423

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: ANDREW PIERI
Address: 4700 SHERIDAN ST STE J
HOLLYWOOD, FL 33021

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TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANDREW PIERI
Address: 86-119 MARENGO ST
HOLLISWOOD, NY 11423

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

5/9/22
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

5/9/22
Date