Jun. 14. 2022 3:32PM GEALD WEINBERG Division of Corporations No. 2620 P. 1

P22000048118

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800)342-9856
Fax Number : (800)354-3381

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ____________________

2022 JUN 14 AM 8:11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
ANDREW MINUTA CONSULTING INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$70.00

RECEIVED 2022 JUN 14 PM 5:09 DIVISION OF CORPORATIONS COMMERCIAL SERVICES

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(H22000207194 3)

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: ANDREW MINUTA CONSULTING INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

838 BROKEN SOUND PARKWAY NW
BOCA RATON, FL 33487

Mailing address, if different is:

838 BROKEN SOUND PARKWAY NW
BOCA RATON, FL 33487

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

2022 JUN 14 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANDREW MINUTA, P

Address: 838 Broken Sound Parkway NW
Boca Raton, FL 33487

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

(H22000207194 3)

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 MINUTA

Address: 838 Broken Sound Parkway NW

Boca Raton, FL 33487

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: LAWRENCE A. KIRSCH

Address: 41 STATE STREET, SUITE 700

ALBANY, NEW YORK 12207

FILED
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

_____ 06/14/2022

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.

Lawrence A Kirsch

Required Signature/Incorporator Date 06/14/2022

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