

P22000064533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

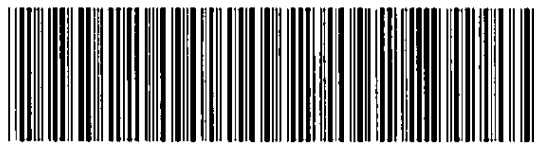
(Business Entity Name)

(Document Number)

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AUG 18 2022

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**CORPORATE
ACCESS,
INC.**

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WALK IN

PICK UP: 08/18/2022

- CERTIFIED COPY** _____
- PHOTOCOPY** _____
- CUS** _____
- FILING** **ARTICLES** _____

1. 250 NE 45 STREET 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 #)

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STATE
22 AUG 18 AM 3:08

**SPECIAL
INSTRUCTIONS:** _____

ARTICLES OF INCORPORATION

ARTICLE I. NAME

THE NAME OF THIS CORPORATION IS **250 NE 45 STREET CORP.**
(THE "CORPORATION").

ARTICLE II. PRINCIPAL OFFICE

The street and mailing address of the principal office of the Corporation is: 999 Ponce de Leon Blvd., Suite 735, Coral Gables, Fl 33134.

ARTICLE III. SHARES

The total number of shares of stock the Corporation is authorized to issue is One Thousand (1,000) shares with a par value of \$10.00 per share.

ARTICLE IV. PURPOSE

The purpose for which the corporation is organized is for any and all lawful purposes permitted in the State of Florida and the United States of America.

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title Osmundo O. Martinez, Esq., Director

Address 999 Ponce de Leon Blvd., Suite 735, Coral Gables, Fl 33134.

ARTICLE VI. REGISTERED AGENT

Its registered office in the state of Florida is to be located at 999 Ponce de Leon Blvd., Suite 735, in the City of Coral Gables, County of Miami-Dade Zip Code 33134. The registered agent in charge thereof is Osmundo O. Martinez, Esq.

ARTICLE VII. INCORPORATOR

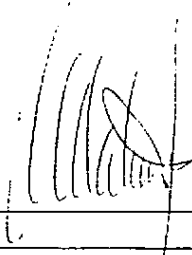
The name and mailing address of the sole incorporator is as follows:

Name: Osmundo O. Martinez, Esq.

Mailing Address: 999 Ponce de Leon Blvd., Suite 735, Coral Gables, Fl 33134.

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.

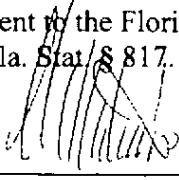
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STATE OF FLORIDA
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS

BY:  (Signature of Registered Agent)

NAME: Osmundo O. Martinez, Esq.

DATE: August 18, 2022, 2022

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 Florida Department of State constitutes a third degree felony as provided for in Fla. Stat. § 817.155.

BY:  (Incorporator)

NAME: Osmundo O. Martinez, Esq.

DATE: August 18, 2022

22 AUG 18 AM 3:08
STATE OF FLORIDA
DEPARTMENT OF STATE
CORPORATION DIVISION