## Paa000067873

(Requestor's Name)
(Address)
(Address)
(Crty/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(200,,
(Document Number)
(Boddmont National)
Cartified Capies Cartificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600393724166

S. CHATHAM SEP - 1 2022

DIVISION OF CORPORATIONS

22 AUG 31 PM 3: 30

2022 AUS 31 FF1 3

100 AUG 31 PH 3:

## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)						
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:			
■ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	☐ \$87.50 Filing Fee. Certified Copy & Certificate of Status PPY REQUIRED			
LE FROM:	VENFELD PEARLSTEIN, LLC					

2 N. LASALLE ST., STE. 1300

Address

CHICAGO, ILLINOIS 60602

City. State & Zip

312.346.8380

Daytime Telephone number

Ipagents@lplegal.com

E-mail address: (to be used for future annual report notification)

Name (Printed or typed)

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 917291 7175508

AUTHORIZATION :

COST LIMIT : \$ (78.75

ORDER DATE: August 31, 2022

ORDER TIME : 1:24 PM

ORDER NO. : 917291-005

CUSTOMER NO: 7175508

DOMESTIC FILING

NAME: AJT MOZART ORIN, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

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

ARTICLE I NAME AJT MOZART ORIN, INC.		
ARTICLE I NAME The name of the corporation shall be: AJT MOZART ORIN, INC.		
ARTICLE II PRINCIPAL OFFICE Principal street address 225 W. Wacker Dr., Suite 2025 Chicago, Illinois 60606	Mailing ad	dress, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is: corporations may be organized under the Florida Business		wful act or activity for which
ARTICLE IV SHARES 10,000 with \$.01 par value		SECRETARY IVISION OF ST
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS		PM 3: 38
Name and Title:	Name and Title:	9
Address	Address:	
Name and Title:	Name and Title:	
Address		
Name and Title:	— Name and Title:	
Address		

Name	and Title:	Name and Title:	
Address		Address:	
		<del></del>	
			-
ARTICLE VI The name and	REGISTERED AGENT   Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:	
Name:	Corporation Service Company		
Address:	1201 Hays Street		
	Tallahassee, FL 32301		2, 9
<u>ARTICLE VII</u>	INCORPORATOR		SECRETAR DIVISION OF C
The <u>name and</u>	address of the incorporator is:		Hd /
Name:	STEVEN L. KRIZ		<b>3.</b>
Address:	2 N. LASALLE ST., STE. 1300	<u>.                                    </u>	: <b>3</b> 8
	CHICAGO, ILLINOIS 60602		
Effective date.	I EFFECTIVE DATE: if other than the date of filing: e date is listed, the date must be specific and ca	(OPTIONAL) annot be more than five days p	) rior or 90 days after the
Note: If the dathe document's	ate inserted in this block does not meet the applic s effective date on the Department of State's reco	able statutory filing requirement ords.	s, this date will not be listed as
certificate, I an	amed as registered agent to accept service of proce in familiar with and accept the appointment as reg	istered agent and agree to act in .	on at the place designated in this this capacity
Ull	Waibad, assistent va prescur Required Signature/Registered Agent	r†	08/31/2022
	Required Signature/Registered Agent	<del>-</del>	Date