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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: Moises Ariza, CPA, P.A.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Steven R. Berger
Name (Printed or typed)
c/o Vedder Price, P.C., 1633 Broadway, 31st Floor
Address
New York, NY 10019
City, State & Zip
212-407-7714
Daytime Telephone number
sberger@vedderprice.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 899774 4348220

AUTHORIZATION :

[Handwritten Signature]

COST LIMIT : \$ 70.00

ORDER DATE : August 22, 2022

ORDER TIME : 9:25 AM

ORDER NO. : 899774-255

CUSTOMER NO: 4348220

DOMESTIC FILING

NAME: MOSIES ARIZA, CPA, P.A.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: _____

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: Moises Ariza, CPA, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

c/o Marcum S Corp Legal, 10 Melville Park Road
Melville, NY 11747

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Public Accountancy

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ARTICLE IV SHARES

The number of shares of stock is: 1,000 common shares, \$0.01 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Moises Ariza, President

Name and Title: _____

Address 8564 NW 165th Street

Address: _____

Miami Lakes, FL 33016

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: Moises Ariza

Address: 8564 NW 165th Street

Miami Lakes, FL 33016

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Moises Ariza

Address: 8564 NW 165th Street

Miami Lakes, FL 33016

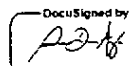
ARTICLE VIII EFFECTIVE DATE:

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

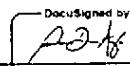
DocuSigned by:


Required Signature/Registered Agent

Aug 22, 2022

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.

DocuSigned by:


Required Signature/Incorporator

Aug 22, 2022

Date