## Paa000068138

| (Re                         | questor's Name)     | <u> </u>    |
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| (Cit                        | y/State/Zip/Phone # | *)          |
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| PICK-UP                     | WAIT                | MAIL        |
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| (Bu                         | siness Entity Name  | )           |
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| (Do                         | cument Number)      | <del></del> |
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| Special Instructions to Fil | ing Officer:        |             |
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S. CHATHAM

## **COVER LETTER**

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

| SUBJECT:                | CT:  |   |  |  |  |
|-------------------------|--|---|--|--|--|
|                         |  |   |  |  |  |
| Enclosed are an orig    | ginal and one (1) copy of the art                                  | ticles of incorporation and                       | d a check for:   |  |  |
| □ \$70.00<br>Fifing Fee | □ \$78.75 Filing Fee & Certificate of Status                       | S78.75 Filing Fee & Certified Copy  ADDITIONAL CO | ☐ \$87.50 Filing Fee. Certified Copy & Certificate of Status |  |  |
|                         |  |   |  |  |  |
| 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  |   |  |  |  |
|                         | F-mail address: (to be used for future annual report notification) |   |  |  |  |

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

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 899774 AUTHORIZATION : COST LIMIT : (\$ 70'.00 ORDER DATE : August 22, 2022 ORDER TIME : 9:20 AM ORDER NO. : 899774-215 CUSTOMER NO: 4348220 DOMESTIC FILING NAME: CIRO BUTTACAVOLI, 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

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

XX \_\_\_ PLAIN STAMPED COPY

\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

## ARTICLES OF INCORPORATION

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

| The name of the corpora                   | Ciro Buttacavoli, CPA, I                                | P.A.  |                                   |
|---|---|---|-----------------------------------|
| ARTICLE II PRINC                          |   | Mailing<br>———————————————————————————————————— | g address, if different is:       |
| ARTICLE III PURPO The purpose for which t | OSE he corporation is organized is:                     | Accountancy                                     |                                   |
|   |   |   | SECRETARYIOF<br>DIVISION OF CORPA |
| ARTICLE IV SHAR. The number of shares of  |   | 1 par valı                                      | STATE OF STATIONS                 |
| ARTICLE V INITIA                          | L OFFICERS AND/OR DIRECTORS Ciro Buttacavoli, President | Name and Title:                                 |                                   |
| Address                                   | 801 Briny Ave, Apt. 404 Pompano Beach, FL 33062         |   |                                   |
| Name and Title:                           |   | Name and Title: Address:                        |                                   |
| Name and Tide                             |   |   |                                   |
| Address                                   |   | Address:  |                                   |
|   |   |   |                                   |

7,

| Name a                    | ind Title:  | Name and Title:  |                            |
|---------------------------|---|--|----------------------------|
| Addres                    | ss  | Address:   |                            |
|                           |   |  |                            |
|                           |   |  | <u>.</u>                   |
|                           |   |  |                            |
|                           | <u>REGISTERED AGENT</u><br>Florida street address (P.O. Box NOT accepta                             | ale) of the registered agent is:   |                            |
| Name:                     | Ciro Buttacavoli  | or of the registered agent is.   |                            |
| Address:                  | 801 Briny Ave, Apt. 404   |  | 01v                        |
|                           | Pompano Beach, FL 33062   |  | SECHE<br>ISION             |
| <u>ARTICLE VII</u>        | INCORPORATOR  |  | - PRANTE                   |
| The name and a            | address of the Incorporator is:   |  | PM 3                       |
| Name:                     | Ciro Buttacavoli  |  | STATE<br>ORATIONS<br>3: 05 |
| Address:                  | 801 Briny Ave, Apt. 404   |  | 5. <del>X</del>            |
|                           | Pompano Beach, FL 33062   |  |                            |
| ARTICLE VIII              | EFFECTIVE DATE:   |  |                            |
| Effective date, i         | f other than the date of filing:  | (OPTIONAL)   |                            |
| (If an effective filing.) | date is listed, the date must be specific and   | cannot be more than five days prior or 90 days   | after the                  |
|                           | te inserted in this block does not meet the appl<br>effective date on the Department of State's rec | cable statutory filing requirements, this date will ords.  | not be listed as           |
|                           | med as registered agent to accept service of pro<br>familiar with and accept the appointment as re  | cess for the above stated corporation at the place a<br>gistered agent and agree to act in this capacity | lesignated in this         |
|                           | Ciro Buttacavoli  |  | g 22, 2022                 |
|                           | Required Signature/Registered Agen  | t C  | Pate                       |
|                           | Department of State constitutes a third degree  | n are true. I am aware that the false information<br>felony as provided for in s.817.155, F.S.           | n submitted in a           |
|                           | Ciro Buttacandi   | Aug 2  | 2, 2022                    |
| Required Signat           | ture/Incorporator creaseracter  | Date   |                            |