

P22000076214
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : ULLOA & COMPANY PROFESSIONAL ASSOCIATION
Account Number : I20190000086
Phone : (305)275-1300
Fax Number : (305)275-1301

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 OCT -4 AM 11:59

FLORIDA PROFIT/NON PROFIT CORPORATION
Tesora, Corp

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2022 OCT -4 PM 2:09

RECEIVED

(((H22000340126 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: Tesora, Corp

ARTICLE II PRINCIPAL OFFICE

Principal **street** address is: 10295 Collins Avenue, Suite 601
Miami Beach, FL 33154

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Matteo Fossati, President

Address: 10295 Collins Avenue, Suite 601
Miami Beach, FL 33154

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Ulloa and Company Professional Association
14050 SW 84 Street, Suite 104, Miami, FL 33183

2022 OCT -4 PM 2:09
STATE OF FLORIDA
FILED

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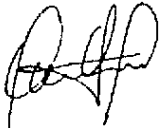
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is
Ulloa and Company Professional Association
14050 SW 84 Street, Suite 104, Miami, FL 33183

ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing:

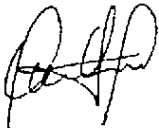
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10/04/2022

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 Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/ Incorporator

10/04/2022

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DEPT. OF STATE
CORPORATION DIVISION
FILED