

10/3/22, 4:56 PM

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Division of Corporations
Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : AT PLUS CORP
Account Number : I20140000060
Phone : (305)406-3800
Fax Number : (305)406-3999

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
CSLB GROUP CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2022 OCT -4 AM 8:29

FACIAL

2022 OCT -4 PM 2:10

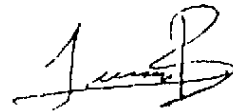
ED

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared **LEONARDO D BISCAIA**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **CSLB GROUP CORP**, a Florida corporation to be filed with the Florida Department of State on or about **October 03, 2022**.
2. The undersigned hereby consents to and authorizes the use by **CSLB GROUP CORP**, of the name **CSLB GROUP CORP**
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.



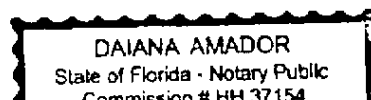
LEONARDO D BISCAIA

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me **LEONARDO D BISCAIA**, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this **03** day of **October 2022**.

2022 OCT -4 PM 2:10
NOTARY PUBLIC
DAIANA AMADOR
Notary Public Signature



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: CSLB GROUP CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10724 NW 78TH TERRACE
DORAL FL 33178

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: LEONARDO D BISCAIA(P) Name and Title: _____

Address 10724 NW 78TH Terrace Address: _____
DORAL FL 33178 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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FILED
CLERK OF DISTRICT COURT
DA

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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

Name: LEONARDO D BISCAIA
Address: 10724 NW 78 Th TERRACE
DORAL FL 33178

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: LEONARDO D BISCAIA
Address: 10724 NW 78 Th TERRACE
DORAL FL 33178

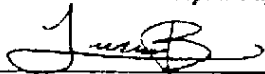
ARTICLE VIII EFFECTIVE DATE:

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

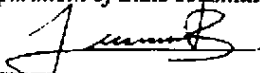


Required Signature/Registered Agent

10/03/2022

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.



Required Signature/Incorporator

10/03/2022

Date

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OFFICE
OF THE
CLERK OF
THE
COURT
D