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

From: Account Name : GERALD WEINBERG, P.C.
Account Number : 120030000043
Phone : (800)342-9856
Fax Number : (800)354-3381

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
A.R. LEWIS & ASSOCIATES INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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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: A.R. LEWIS & ASSOCIATES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

831 EAST 11TH AVENUE

831 EAST 11TH AVENUE

NEW SMYRNA BEACH, FL 32169

NEW SMYRNA BEACH, FL 32169

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: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AARON R. LEWIS, P

Name and Title:

Address

831 EAST 11TH AVENUE

Address:

NEW SMYRNA BEACH, FL 32169

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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(GEALD WEINBERG (Haww 340358 3))

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: AARON R. LEWIS
 Address: 831 EAST 11TH AVENUE
NEW SMYRNA BEACH, FL 32169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LAWRENCE A. KIRSCH
 Address: 41 STATE STREET, SUITE 700
ALBANY, NEW YORK 12207

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

/s/Aaron R. Lewis _____ 10/04/2022
 Required Signature/Registered Agent 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.

Lawrence A. Kirsch _____ 10/04/2022
 Required Signature/Incorporator Date

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 DEPT. OF STATE
 DIVISION OF CORPORATIONS