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| (Re | equestor's Name) | | | |
|---|-------------------|-------------|--|--|
| (Ac | ldress) | | | |
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| (Ci | ty/State/Žip/Phon | e #) | | |
| PICK-UP | WAIT | MAIL | | |
| (Bu | siness Entity Nar | me) | | |
| (Do | ocument Number) | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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S. CHATHAM

11/81/22--01623--005 **78.00

2022 NOV - 1 AM 11: 32

COVER LETTER

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

| SUBJECT: PS | 1079 Investment Corp | | |
|-------------------------|-------------------------------------|---|---|
| | (PROPOSED CORPOR | ATE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an o | original and one (1) copy of the ar | ticles of incorporation and | d a check for: |
| ⊠ \$70.00 Filing Fee | | S78.75 Filing Fee & Certified Copy ADDITIONAL CO | S87.50 Filing Fee, Certified Copy & Certificate of Status |
| | | L | |
| FROM: | Irina Roth Neumann, Esq. | | |
| | Nam | e (Printed or typed) | |
| | 1000 Brickell Ave., Suite 1100 | | |
| - | Address | | |
| | Miami, FL 33131 | | |
| - | City, State & Zip | | |
| | (305) 798-8878 | | |
| _ | Daytime 1 | Telephone number | |
| | irina@rothpalaw.com | | |
| - - | E-mail address: (to be use | d for future annual report r | notification) |

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

CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WAIKIN

| | | ** | ALK III | | |
|--------------------|-----------------------|----------------|------------|-------------|--|
| | F | PICK UP: | MISTY 11/1 | | |
| | CERTIFIED COPY | , | | | |
| XX | РНОТОСОРУ | | | | |
| | CUS | | | <u> </u> | |
| XX | FILING | CORP | | | |
| | PS1079 INVESTME | | | | |
| 2. | ICORPORATE NAME AND D | OCOMENT#) | | | |
| <u> </u> | (CORPORATE NAME AND D | OCUMENT #) | | | |
| 3. | (CORPORATE NAME AND D | OCHMENT #) | | | |
| 4. | CORPORATE NAME AND D | OCOMENT#) | | | |
| _ | (CORPORATE NAME AND D | OCUMENT #) | | | |
| 5 | CORROR ATTENANT AND D | OCH A EN PROVI | | | |
| , | (CORPORATE NAME AND D | OCUMENT#) | | | |
| 6. | (CORPORATE NAME AND D | OCUMENT #) | | | |
| SPECIAL INSTRUC | | | | | |
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| | | | <u> </u> | | |



Corrected

FLORIDA DEPARTMENT OF STATE Division of Corporations

November 1, 2022

CORPORATE ACCESS, INC.

SUBJECT: PS1079 INVESTMENT CORP.

Ref. Number: W22000137640

We have received your document for and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please ensure the name of the registered agent completely reflects the name of the business active in our records...

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham Regulatory Specialist II New Filing Section

Letter Number: 822A00024502

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

| <u> ICLE II - PRIN</u> | CIPAL OFFICE | | | |
|-------------------------|--|--------------------------|--|------------------|
| | Principal street address | ì | Mailing address, if different is: | |
| 60 Cypress Pointe Dr W. | | 860 Cypress Pointe Dr W. | | |
| mbroke Pines, FL 3 | 3027 | Pembrok | e Pines, FL 33027 | |
| TICLE III PURI | the corporation is organized is: Any and a | Il lawful business | | |
| | | | | |
| | | | | |
| TICLE IV SU | DEC | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Sand |
| number of shares of | f stock is: 10,000 | | AC | 705 703 |
| TICLE V INIT | AL OFFICERS AND/OR DIRECTORS | | 2- M | 일었다. 일었다 |
| · | le: Pedro Manuel Mastrodomenico, Director | Name and Title: | Sonia Rodriguez de Mastrodorfi | 記定 jenico, Di |
| Address | 860 Cypress Pointe Dr | Address: | <i>i</i> | 12 |
| | W Pembroke Pines Fl 33027 | | W Pembroke Pines Fl 33027 | |
| | | | | |
| | | | | |
| Name and Titl | e: | _ Name and Title: | | |
| Name and Titl | e: | | | |
| | | | | |
| | | | | |
| Address | | _ Address: | | |

| Name a | nd Title: | Name and Title: | *** |
|--------------------|--|--|--|
| Addres | | | |
| | | | |
| | | | |
| | <u>REGISTERED AGENT</u> F <mark>lorida street address</mark> (P.O. Box NOT accept | able) of the registered agent is: | |
| Name: | ND CONSULTING, LLC | | |
| Address: | 10540 NW 26TH ST, SUFFE G302 | | , , c |
| | DORAL, FL 33172 | | ACU 7 |
| <u>ARTICLE VII</u> | <u>INCORPORATOR</u> | | 2 0 7 |
| The name and a | uddress of the Incorporator is: | | PH. |
| Name: | Pedro Manuel Mastrodomenico | | हात्यक वस्ताले 7: मुख |
| Address: | 860 Cypress Pointe Dr | | Co Si |
| | W Pembroke Pines FI 33027 | | |
| Effective date, i | EFFECTIVE DATE: If other than the date of filing: 10/31/2022 date is listed, the date must be specific and | . (OPTION cannot be more than five da | PAL) ys prior or 90 days after the |
| Note: If the dat | e inserted in this block does not meet the app effective date on the Department of State's re | licable statutory filing requiren cords. | nents, this date will not be listed as |
| | med as registered agent to accept service of pro familiar with and accept the appointment as r | | |
| | J4~ | | Oct 31, 2022 |
| | Required Signature/Registered Age | nt | Date |
| | cument and affirm that the facts stated here Department of State constitutes a third degree $(I - I)$ | | |
| | Ing Fedro Vanuel Mastrodomenico 5 (Oct 31, 2022 18 45 EDT) | | Oct 31, 2022 |
| Required Signat | ure/Incorporator | | Date |

• . • • .