

# P22000084569

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : RCA ACCOUNTING SERVICES CORP  
Account Number : I20180000102  
Phone : (305)799-7633  
Fax Number : (786)783-3650

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

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
MORITZ CORP**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 0       |
| Page Count            | 01      |
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November 4, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RCA ACCOUNTING SERVICES CORP

SUBJECT: MORITZ CORP  
REF: W22000139490

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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

Dil Sultana  
Regulatory Specialist II

FAX Aud. #: H22000376803  
Letter Number: 422A00024860

**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: MORITZ INVESTMENT CORPORATION**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

3301 NE 5TH AVE APT 5073301 NE 5TH AVE APT 507MIAMI, FL 33137MIAMI, FL 33137**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: LISARDO MAURICIO VILLAFANE Name and Title: MARIA EUGENIA CASTILLAAddress 3301 NE 5TH AVE APT 507 Address: 3301 NE 5TH AVE APT 507MIAMI, FL 33137MIAMI, FL 33137Name and Title: MAURICIO EUGENIO VILLAFANE (T)

Name and Title: \_\_\_\_\_

Address 3301 NE 5TH AVE APT 507

Address: \_\_\_\_\_

MIAMI, FL 33137

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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10:50:01

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: LISARDO MAURICIO VILLAFANEAddress: 3301 NE 5TH AVE APT 507MIAMI, FL 33137**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: LISARDO MAURICIO VILLAFANEAddress: 3301 NE 5TH AVE APT 507MIAMI, FL 33137**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*

Lisardo Mauricio Villafane  
Required Signature/Registered Agent

11/03/22  
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.*

Lisardo Mauricio Villafane  
Required Signature/Incorporator

11/03/22  
Date

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