

P22000084637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

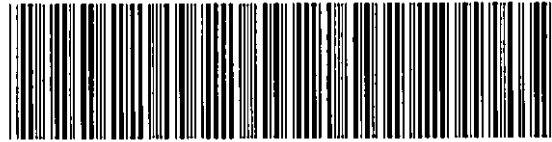
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700397347547

S. CHATHAM
NOV - 8 2022

FILED
DEPARTMENT OF STATE
CORPORATIONS
22 NOV - 8 AM 3: 19

2022 NOV - 8 AM 11: 53

COVER LETTER

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

Michael Reilly, CPA, P.A.

SUBJECT: _____
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: _____
Steven R. Berger
Name (Printed or typed)

c/o Vedder Price, P.C., 1633 Broadway, 31st Floor
Address

New York, NY 10019
City, State & Zip

212-407-7714
Daytime Telephone number

sberger@vedderprice.com
E-mail address: (to be used for future annual report notification)

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

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 899774 4348220

AUTHORIZATION :

COST LIMIT : \$ 70.00



ORDER DATE : August 22, 2022

ORDER TIME : 9:18 AM

ORDER NO. : 899774-250

CUSTOMER NO: 4348220

DOMESTIC FILING

NAME: MICHAEL REILLY, CPA, P.A.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: _____

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: Michael Reilly, CPA, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
c/o Marcum S Corp Legal, 10 Melville Park Road
Melville, NY 11747

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Public Accountancy

ARTICLE IV SHARES

The number of shares of stock is: 1,000 common shares, \$0.01 par value

FILED
DIVISION OF CORPORATE REGISTRATION
22 NOV - 8 AM 3:19

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Reilly, President Name and Title: _____

Address: 1123 Olde Galleon Lane Address: _____
Vero Beach, FL 32963

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Michael Reilly

Address: 1123 Olde Galleon Lane

Vero Beach, FL 32963

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Michael Reilly

Address: 1123 Olde Galleon Lane

Vero Beach, FL 32963

22 NOV -8 7:13:19
 SECRETARY
 DIVISION OF
 STATE

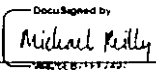
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

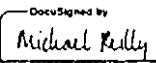
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

	Nov 7, 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.

	Nov 7, 2022
_____	_____
Required Signature/Incorporator	Date