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## P22 Colored Corporations Electronic Filing Cover Sheet

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	Division of Corporations
	Fax Number : (850)617-6381
From;	
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
	Account Number : I20000000019
	Phone : (305)552-5973
	Fax Number : (305)675-5944
**(	Enter the email address for this business entity to be used for future
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Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

Corporate Filing Menu

Help



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

HCLEH PR	PINCIPAL OFFICE	<u></u>	
0 Brickell Bay	Principal <u>street</u> address <u>Dr, Unit 4604</u>	Mailing address, if different is:	
TICLE III PU.			
nis corporation	is organized for the purpose of prov	iding consulting :	services.
TICLE IV SHA			· •
e number of shares	of stock is: 100		
TICLE V INIT	of stock is: 100  FIAL OFFICERS AND/OR DIRECTORS		غ ب
TICLE V INIT	of stock is: 100  FIAL OFFICERS AND/OR DIRECTORS  itle: Courtney Ellenbogen, P/S/T	Name and Title:	
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TICLE V INIT  Name and T  Address	of stock is: 100  FIAL OFFICERS AND/OR DIRECTORS  ide: Courtney Ellenbogen, P/S/T  950 Brickell Bay Dr, Unit 4604  Miami, FL 33131	Name and Title: Address:	
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TICLE V INTI  Name and T  Address	of stock is: 100  FIAL OFFICERS AND/OR DIRECTORS  ide: Courtney Ellenbogen, P/S/T  950 Brickell Bay Dr, Unit 4604  Miami, FL 33131	Name and Title: Address: Name and Title: Address: Address:	
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Name and Tit  Address  Name and Tit  Address	of stock is: 100  FIAL OFFICERS AND/OR DIRECTORS  ide: Courtney Ellenbogen, P/S/T  950 Brickell Bay Dr, Unit 4604  Miami, FL 33131	Name and Title: Address: Name and Title: Address: Name and Title:	

Name an Address	ad Title:	Name and Title:Address:
ARTICLE VI The name and FI Name: Address:	REGISTERED AGENT  orida street address (P.O. Box NOT acceptable) o  Courtney Ellenbogen  950 Brickell Bay Dr, Unit 4604	-
	Miami, FL 33131  INCORPORATOR	
	dress of the Incorporator is:	
Name:	Courtney Ellenbogen	
Address:	950 Brickell Bay Dr, Unit 4604	-
	Miami, FL 33131	
Effective date, if of (If an effective da filing.)		t be more than five days prior or 90 days after the
Note: If the date is the document's eff	nserted in this block does not meet the applicable fective date on the Department of State's records.	statutory filing requirements, this date will hold be listed as
Having been name certificate, I am fai	ed as registered agent to accept service of process formiliar with and accept the appointment as registered.	r the above stated corporation at the place designated in this ed agent and agree to act in this capacity
	Required Signature/Registered Agent	12/5/22
1		Date
I submit this docu document to the De	ment and affirm that the facts stated herein are expartment of State constitutes a third degree felony	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.  12/5/22

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