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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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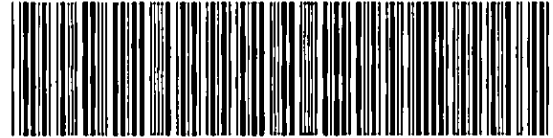
(Business Entity Name)

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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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INC

1. ANNA ARONOVA P.A.

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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: Anna Aronova, P.A.

ARTICLE II PRINCIPAL OFFICE Principal street address

Mailing address, if different is:

5668 Fishhawk Crossing Blvd Suite 343

Lithia, FL 33547

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful purpose Law Practice

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anna Aronova - PRESIDENT Name and Title: _____

Address 299 Broadway, Suite 607 Address: _____

New York, NY 10007 _____

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: Anna Aronova
Address: 5668 Fishhawk Crossing Blvd., Suite 343
Lithia, FL 33547

ARTICLE VII INCORPORATOR

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

Name: Anna Aronova
Address: 5668 Fishhawk Crossing Blvd., Suite 343
Lithia, FL 33547

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2023 (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:

Anna Aronova 12/22/22
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.

Anna Aronova 12/22/22
Required Signature/Incorporator Date