

# P2300000210

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From:  
Account Name : BELOFF LAW, P.A.  
Account Number : I20080000060  
Phone : (305)673-1101  
Fax Number : (305)673-5505

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

Email Address: ELIZABETH@BELOFFLAW.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**EDGAR FLORES, P.A.**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$87.50

23 JAN -3 PM 6:00  
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TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: EDGAR FLORES, P.A.  
(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: BELOFF LAW, P.A.  
Name (Printed or typed)  
1691 MICHIGAN AVE, SUITE 210  
Address  
MIAMI BEACH, FL 33139  
City, State & Zip  
305-673-1101  
Daytime Telephone number  
ELIZABETH@BELOFFLAW.COM  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL 32312

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

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**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: EDGAR FLORES, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8408 SW 26 PLACE

DAVIE, FL 33328

**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: EDGAR FLORES, PDST

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

Address 8408 SW 26 PLACE

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

DAVIE, FL 33328

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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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: EDGAR FLORES

Address: 8408 SW 26 PLACE  
DAVIE, FL 33328**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: EDGAR FLORES

Address: 8408 SW 26 PLACE  
DAVIE, FL 33328**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*

DocuSigned by:

EDGAR FLORES

12/28/2022 | 4:12 PM PST

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.*

DocuSigned by:

EDGAR FLORES

12/28/2022 | 4:12 PM PST

Required Signature/Incorporator

Date

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