

1/12/23, 10:15 AM

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

Email Address: SARA@BRIANMARCUSCPA.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION  
SVECAK CONSULTING INC**

Certificate of Status	1
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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: SVECAK CONSULTING INC**ARTICLE II PRINCIPAL OFFICE**Principal street address186 MEDICI TERRACENORTH VENICE, FL 34275

Mailing address, if different is:

**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: HOTEL CONSULTANT**ARTICLE IV SHARES**The number of shares of stock is: 1,500 AT NO PAR VALUE**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: STEPHEN SVECAK - PRESIDENT/DIRECTORAddress 186 MEDICI TERRACENORTH VENICE, FL 34275

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

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

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

Address \_\_\_\_\_

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

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

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

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

**ARTICLE VI REGISTERED AGENT**The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: STEPHEN SVECAK  
Address: 186 MEDICI TERRACE  
NORTH VENICE, FL 34275

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: STEPHEN SVECAK  
Address: 186 MEDICI TERRACE  
NORTH VENICE, FL 34275

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TALLAHASSEE

**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:  
STEPHEN SVECAK JANUARY 11, 2023  
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:  
STEPHEN SVECAK JANUARY 11, 2023  
Required Signature/Incorporator Date

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