

P23000008209

(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



200400887572

02/01/23--0101

SECRETARY OF STATE
TALLAHASSEE, FL

2023 FEB - 1 PM 5:44

FILED

SECRETARY OF STATE
TALLAHASSEE, FL

2023 JAN 32 PM 2:49

RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Michael R. Sonnenreich Corporation

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by: SETH

01/26/23

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

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 R. Sonnenreich Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5478 Ascot Bend
Boca Raton FL 33496

5478 Ascot Bend
Boca Raton, FL 33496

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

FILED
2023 FEB -11 PM 5:44
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Sonnenreich, P
Address: 5478 Ascot Bend
Boca Raton, FL 33496

Name and Title: Kana Johnston, VP
Address: 6795 Milani St
Lake Worth, FL 33467

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: Kana Johnston
 Address: 6795 Milani St
Lake Worth, FL 33467

FILED
 2023 FEB - 1 PM 5:44
 SECRETARY OF STATE
 TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

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

Name: Kana Johnston
 Address: 6795 Milani St
Lake Worth, FL 33467

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1-27-2023 (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 the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Kana Johnston
Jan-30 2023 03:13:40 PM

Jan-30-2023

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.

Kana Johnston
Jan-23 2023 03:13:40 PM

Jan-30-2023

Required Signature/Incorporator

Date