

5/15/2023 May 15, 2023 3:57PM

P23000038249

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H23000180324 3)))



H230001803243ABCX

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : GERALD WEINBERG, P.C.  
Account Number : I20030000043  
Phone : (800)342-9856  
Fax Number : (800)354-3381

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

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

RECEIVED  
2023 MAY 15 PM 4:22  
CORPORATIONS  
COMMERCIAL  
SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION  
MJ SETTLEMENTS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

2023 MAY 15 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

May. 15. 2023 3:57PM

(H23 000 180 3243) No. 0536 P. 2/3

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall MJ SETTLEMENTS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

934 N. UNIVERSITY DRIVE, STE 425

CORAL SPRINGS, FL 33071

Mailing address, if different is:

934 N. UNIVERSITY DRIVE, STE 425

CORAL SPRINGS, FL 33071

**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: 200 NPV

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: RICIA LESK, PRES.

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

Address 934 N University Dr, Ste 425

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

CORAL SPRINGS FL 33071

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

2023 MAY 15 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

(H23 000 180 3243)

C1723000 180 3243, No. 0536 P. 3/3

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: LEONARD LESK

Address: 11804 PALERMO ROAD

PARKLAND, FL 33076

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lawrence A. Kirsch

Address: 41 STATE ST, STE 700

ALBANY, NY 12207

**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*

/s/ Leonard Lesk

Required Signature/Registered Agent

05/15/23

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.*

Lawrence A. Kirsch

Required Signature/Incorporator

05/15/2023

Date

2023 MAY 15 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED



C1723000 180 3243