

**P23000043921**

Florida Department of State  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
ROBERTO M. SAADE PA**

Certificate of Status	0
Certified Copy	1
Page Count	03
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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:

ROBERTO M. SAADE PA**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1101 BRICKELL AVEUNIT 334MIAMI, FL 33131**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Real ESTATE**ARTICLE IV SHARES**

The number of shares of stock is:

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

Name and Title:

Roberto M. Saade (P)

Name and Title:

Address

1101 Brickell ave

Address:

unit 334MIAMI, FL 33131

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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(conti.)

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: Robert M. Saade  
Address: 1101 Brickell ave #334  
MIAMI, FL 33131

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

Name: Robert M. Saade  
Address: 1101 Brickell ave #334  
MIAMI, FL 33131

*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:*

\_\_\_\_\_  
Required Signature/Registered Agent

JUNE 7 2023  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

JUNE 7 2023  
Date

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