

09/2023 21 2000014400 LAZARUS CORPORATE PAGE 8/03  
**P230000067814**

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:  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
M.PESCE & ASSOCIATES P.A**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2023 SEP 19 AM 4:27

**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: M.PESCE & ASSOCIATES P.A

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

12855 SW 132ND ST UNIT 102

MIAMI, FL 33186

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Financial Consulting, managing, Real estate development

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Miguelangel Salazar-Pesce - President

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

Address 12855 sw 132nd st, unit 102

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

Miami, FL 33186

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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(cont.)

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: Miguelangel Salazar - Pesce

Address: 13901 sw 153rd ave miami, fl 33186

\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

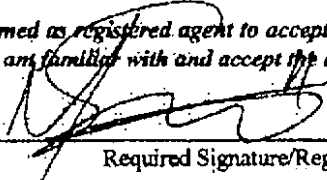
The name and address of the Incorporator is:

Name: Miguelangel Salazar - Pesce

Address: 13901 sw 153rd ave miami, fl 33186

\_\_\_\_\_

*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*

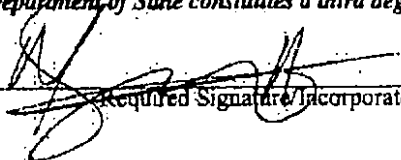


Required Signature/Registered Agent

09/18/23

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.*



Required Signature/Incorporator

09/18/23

Date

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