Electronic Filing Cover Sheet

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(((H230003397683)))



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T¢.

Division of Corporations

Fax Number : (850)617-6331

From:

Account Name : ATESIANO TAX SERVICES

Account Number : 120190000123

: (305)928-1137

Phone Fax Number

: (786)349-4952

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

FLORIDA PROFIT/NON PROFIT CORPORATION BRENDA ATESIANO PA

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Electronic Filing Mcnu

Corporate Filing Menu

Help

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

e name of the corporation	In a preide				
<u>TICLE IIPRINCI</u> E	Principal <u>street</u> address	Maili	ng address, if different is	: ·	
30855 SW 197 AVE		30855 SW 197 AVE			
HOMESTEAD, FL 3	3030	HQN	HOMESTEAD, FL 33030		
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Name ar	nd Inte:	Name and Title:	
Addres:	s	Address:	
			
		<u></u>	
	REGISTERED AGENT lurida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	BRENDA ATESIANO		20
Address:	30855 SW 197 AVE	 -	23 SEP
	HOMESTEAD, FL 33030		P 27
ARTICLE VII	INCORDOR ATOR		(A) = \
ARTICLE VII INCORPORATOR			OF STEEL FROM THE SEEF. FROM THE SEE
The <u>name and a</u>	ddress of the Incorporator is:		5
Name:	BRENDA ATESIANO	ni-	, ,
Address:	30855 SW 197 AVE		
	HOMESTEAD, FL 33030		
Effective date, if	EFFECTIVE DATE: Other than the date of filing: date is listed, the date must be specific and cal	(OPTIONAL) nnot be more than five days pri	ior or 90 days after the
Note: If the date the document's e	e inserted in this block does not meet the applica effective date on the Department of State's recor	ble statutory filing requirements, ds.	this date will not be listed as
Having been nan certificate, I am j	ned as registered agent to accept service of proces familian with my faccept the appointment as regis	ss for the above stated corporation stered agent and agree to act in th	n at the place designated in this vis capacity
	Required Signature/Registered Agent		09/27/2023
Lesshanis shire	# /	nea desa. I am assure that the Col	Date
document to the	cument aftit affirm that the facts stated herein a Decomment of State constitutes a third degree for	ire irae. 1 am aware inai ine fai lony as provided for in s.817.155,	Se information submitted in d F.S.
			09/27/2023
Required Signati	the transportator	Dat	
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FLORIDA DEPT OF STATE Division of Corporation

230003397683-

09/27/2023

Subj: Brenda Atesiano P.A.

To whom it may concern:

This letter of name release is for entity name regarding document # P19000053868, in association with the entity's admin dissolutions. I have no intention of reinstating; therefore, you may release "Brenda Atesiano P.A." for use to another Florida entity.

Kind Regards

Brenda Atesiano

President