

12/7/23, 8:08 AM

Division of Corporations

**P2300008470**

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.**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAX S PRO CORP

Account Number : I20200000147

Phone : (786)307-2733

Fax Number : (954)420-7118

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

Email Address: INFO @ TAXSPRO.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION  
EIGHT INVESTMENT MANAGEMENT CORP**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2023 DEC -7 AM 9:35  
2023 DEC -7 AM 8:25  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

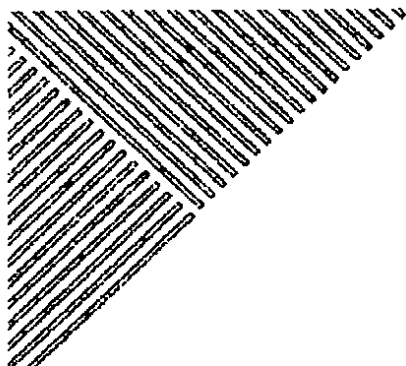
ED

FILED

Electronic Filing Menu

Corporate Filing Menu

Help



Luciana Mordini  
100 Se 2nd St, Suite 2000  
Miami, FL 33131

December 07, 2023

To Florida Department of State

We are resending these documents, first send on  
December 05, 2023 because we still haven't received an  
approval.

**Please send it as soon as posible.**

Additional fax number: (305) 397 - 0980

2023 DEC 7 AM 8:25  
STATE  
TALLAHASSEE, FL

2023 DEC -7 AM 8:25

FILED

**COVER LETTER**

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT: EIGHT INVESTMENT MANAGEMENT CORP**  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM: TAX S PRO CORP**  
Name (Printed or typed)  
**8030 PINES BLVD**  
Address  
**PEMBROKE PINES , FLORIDA 33024**  
City, State & Zip  
**786-3072733**  
Daytime Telephone number  
**INFO@TAXSPRO.COM**  
E-mail address: (to be used for future annual report notification)

DEPT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

2023 DEC -7 AM 8:25

FILED

**NOTE: Please provide the original and one copy of the articles.**

**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: **EIGHT INVESTMENT MANAGEMENT CORP**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**5920 SW 46TH ST**

**5920 SW 46TH ST**

**MIAMI, FL 33155**

**MIAMI, FL 33155**

**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: **100**

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

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

Address

**PRESIDENT**

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

**ROBLEDO ARIAS, CLAUDIA PATRICIA**

Address

**5920 SW 46TH ST**

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

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

**MIAMI, FL 33155**

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

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

Address

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

2023 DEC -7 AM 8:25  
CLERK  
ALL/MADE, FL

FILED

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: TAX S PRO CORP  
Address: 8030 PINES BLVD  
PEMBROKE PINES, FL 33024

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

Address: TAX S PRO CORP  
8030 PINES BLVD  
PEMBROKE PINES, FL 33024

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 12/07/2023 (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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

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

2023 DEC - 11 PM  
12/07/2023  
Date 25

*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

\_\_\_\_\_  
Date 12/07/2023