

P24000002241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

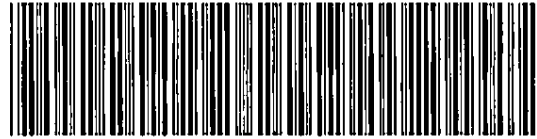
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 1/8

XX CERTIFIED COPY _____

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GS _____

XX FILING

INC _____

1. **MIAMI METROPOLITAN UNIVERSITY INC.**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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: Miami Metropolitan University Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2332 Galiano St., 2nd floor
Coral Gables, FL 33134

Mailing address, if different is:
2332 Galiano St., 2nd floor
Coral Gables, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Post Secondary Educational Institution

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stefano Bandecchi, President

Address: 2332 Galiano St., 2nd floor
Coral Gables, FL 33134

Name and Title: Stefano Bandecchi, Treasurer

Address: 2332 Galiano St., 2nd floor
Coral Gables, FL 33134

Name and Title: Mauro Ciccolini, Vice President

Address: 2332 Galiano St., 2nd floor
Coral Gables, FL 33134

Name and Title: Mauro Ciccolini, Secretary

Address: 2332 Galiano St., 2nd floor
Coral Gables, FL 33134

Name and Title: Stefano Bandecchi, Director

Address: 2332 Galiano St., 2nd floor
Coral Gables, FL 33134

Name and Title: Mauro Ciccolini, Director

Address: 2332 Galiano St., 2nd floor
Coral Gables, FL 33134

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CLERK OF DISTRICT COURT
MIAMI, FLORIDA

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: Registered Agents Inc. _____

Address: 7901 4th St N., Ste 300 _____

St. Petersburg, FL 33702 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Amanda J. Beren _____

Address: 31416 Agoura Rd., Ste. 118 _____

Westlake Village, CA 91361 _____

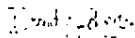
ARTICLE VIII EFFECTIVE DATE:

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



Required Signature/Registered Agent

01/08/2024

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

01/08/2024

Date