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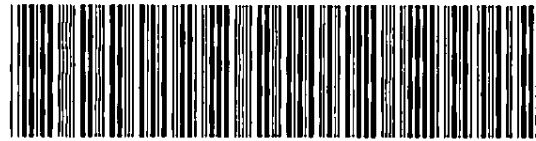
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DATE: 01/08/2024

NAME: JOSH RASCO PA

TYPE OF FILING: ARTICLES

COST: 70.00

RETURN: PLAIN COPY PLEASE

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AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

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

SUBJECT: JOSH RASCO PA
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Tomas Gonzalez
Name (Printed or typed)

P.O. Box 934878
Address

MARGATE FL 33093-4878
City, State & Zip

833-288-7878
Daytime Telephone number

sunbiz@tomasongonzalezlaw.com
E-mail address: (to be used for future annual report notification)

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: JOSH RASCO PA

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
2701 PONCE DE LEON BLVD
MEZZANINE
CORAL GABLES FL 33134

Mailing address, if different is:
2701 PONCE DE LEON BLVD
MEZZANINE
CORAL GABLES FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

THIS CORPORATION IS ORGANIZED IN ACCORDANCE WITH CHAPTER 621, FLORIDA STATUTES, FOR THE
SOLE AND SPECIFIC PURPOSE OF ENGAGING IN THE PRACTICE OF LAW AS PERMITTED BY APPLICABLE
FLORIDA LAWS.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>JOSHUA RASCO</u>	<u>P</u>	Name and Title:	_____
Address	<u>2701 PONCE DE LEON BLVD</u>		Address:	_____
	<u>MEZZANINE</u>			_____
	<u>CORAL GABLES FL 33134</u>			_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF 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: Joshua Rasco, Esq.
2701 PONCE DE LEON BLVD
Address: MEZZANINE
CORAL GABLES FL 33134

ARTICLE VII INCORPORATOR

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

Name: Tomas Gonzalez
Address: P.O Box 934878
MARGATE FL 33093-4878


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

1/4/24

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

1/4/24

Date