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 Division of Corporations
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To:

Division of Corporations
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Account Name : WEISS SEROTA HELFMAN COLE & BIERMAN PL
 Account Number : I20220000155
 Phone : (305)854-0800
 Fax Number : (305)854-0800

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

Email Address: frui@wsh-law.com

FLORIDA PROFIT/NON PROFIT CORPORATION
STRE Management USA, Inc.

Certificate of Status	0
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Estimated Charge	\$70.00

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Corporate Filing Menu

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COVER LETTER

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

(((H24000030243 3)))

SUBJECT: STRE Management USA, Inc.
 (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: Fabio Giallanza
 Name (Printed or typed)

2800 Ponce de Leon Blvd. Ste 1200
 Address

Coral Gables, FL 33134
 City, State & Zip

305-854-0800
 Daytime Telephone number

frui@wsh-law.com
 E-mail address: (to be used for future annual report notification)

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

2024 Jan 23 Mon 9:09

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: STRE Management USA, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

700 SW 1st Street - Unit 501Miami, FL 33130**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: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Mr. Patrick Lardi - President

Name and Title: _____

Address 700 SW 1st Street - Unit 501

Address: _____

Miami, FL 33130Name and Title: Mr. Davor Ninkovic - Secretary

Name and Title: _____

Address 700 SW 1st Street - Unit 501

Address: _____

Miami, FL 33130Name and Title: Mrs. Elena Golubeva - Treasurer

Name and Title: _____

Address 700 SW 1st Street - Unit 501

Address: _____

Miami, FL 33130

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Fabio Giallanza

Address: 2800 Ponce de Leon Blvd. Ste 1200
Coral Gables, FL 33134

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Fabio Giallanza

Address: 2800 Ponce de Leon Blvd. Ste 1200
Coral Gables, FL 33134

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.*

DocuSigned by:

Fabio Giallanza1/22/2024

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Required Signature/Registered Agent

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.

DocuSigned by:

Fabio Giallanza1/22/2024

07181E15618D4D9

Required Signature/Incorporator

Date

2024 JAN 23 PM 9:09