

1/24/24, 10:27 AM

P24000005665

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : 120040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
LOTUS AB CONSULTING CORP

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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2024 JAN 24 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T.S.H.
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((H24000032296 3)))

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: LOTUS AB CONSULTING CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1750 NORTH BAYSHORE DR, SUITE 5003

1750 NORTH BAYSHORE DR, SUITE 5003

MIAMI, FL 33132

MIAMI, FL 33132

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANDREIA BREED, PRESIDENT Name and Title: _____

Address 1750 NORTH BAYSHORE DR Address: _____

SUITE 5003 _____

MIAMI, FL 33132 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: ANDREIA BREED
 Address: 1750 NORTH BAYSHORE DR SUITE 5003
MIAMI, FL 33132

ARTICLE VII INCORPORATOR

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

Name: ANDREIA BREED
 Address: 1750 NORTH BAYSHORE DR SUITE 5003
MIAMI, FL 33132

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

/s/ ANDREIA BREED
 Required Signature/Registered Agent:

01/24/2024
 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.

/s/ ANDREIA BREED
 Required Signature/Incorporator

01/24/2024
 Date

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