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.

(((H24000058348 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

**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 CEROLI INVESTMENT COMPANY, INC.

Certificate of Status	0
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Estimated Charge	\$70.00



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ARTICLES OF INCORPORATION

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

CLE II PRIN	CIPAL OFFICE	
	Principal street address	Mailing address, if differen
W 15th ROAD		21 SW 15th ROAD
TE 100		SULTE 100
MI, FL 33129		MIAMI, FL 33129
CLE III PURI	POSE	
urpose for which	the corporation is organized is: Real Estat	e Investing
•	-	
		
		
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CLE IF SILA umber of shares o	RES of stock is: 1,000	
umber of shares o	RES of stock is: 1,000 IAL OFFICERS AND/OR DIFECTORS	
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To: 18506176381 From: 12147128131 Date: 02/12/24 Time: 5:25 PM Page: 03/03

		(((H24000058348 3)))	
Name and Title:		Name and Title:	
Addres			
,			
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	CERVERA PROPERTY MANAGEMENT INC.		
Address:	21 SW 15th ROAD, SUITE 100		
	MIAMI, FL 33129		
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the incorporator is:		
Name.	VICTOR SAIZARBITORIA		
Address:	21_SW_15th_ROAD, SUITE 200		
	MIAMI, FL 33129		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, it	fother than the date of filing:	(OPTIONAL)	
filing.)	date is listed, the date must be specific and cannot	be more than five days prior or 90 days after the	
	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as	
	familiar with and accept the appointment as registere	r the above stated corporation at the place designated in this al agent and agree to act in this capacity	
	Required Signature/Registered/Agent	<u> </u>	
	t cument and affirm that the facts stated herein are t	rue. 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.	
NH	met	1/30/24	
Required Signat	urerincorporator	Date	
		•	