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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 : GREENLIGHT FINANCIAL LLC
Account Number : I202400000008
Phone : (305)860-5970
Fax Number : (305)440-0786

****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

Crespi Waves Development Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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ALICIA
MONTANA

H 24 0000 567 513

COVER LETTER

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

SUBJECT: Crespi Waves Development 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:** Greenlight Financial LLC

Name (Printed or typed)

7480 BIRD RD STE 810

Address

Miami, FL 33155

City, State & Zip

305-860-5970

Daytime Telephone number

Marias@greenlightfinancial.net

E-mail address: (to be used for future annual report notification)

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

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1-1240000567513

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: Crespi Wave Development Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

514 NW 79th Street
Miami, FL 33150

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Construction - property management

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Max Berney President

Name and Title: _____

Address 514 NW 79th Street

Address: _____

Miami, FL 33150

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Max Berney
Address: 514 NW 79th Street
Miami, FL 33150

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Max Berney
Address: 514 NW 79th Street
Miami, FL 33150

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TALLAHASSEE FLORIDA

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

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

Date

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