# P240000 11931

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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124 FEB 15 PM 2: 05

2024 FEB 15 PH 2: 0

## Sunshine State Corporate Compliance Company

### 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE <u>02/15/2024</u>	<del>_</del>	<b>⇔</b> WA	LK IN⇔
entity name Alex	a Wolff P.A.		
DOCUMENT NUMBI	ER		
	**PLEASE FILE THE ATTACHED AND RETURN**		
<u>xxxxxxxx</u>	Plain Copy Certified Copy Certificate of Status		
	**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	2024 FEB	: ]
	Certified Copy of Arts & Amendments  Certificate of Good Standing	15 PH 3:58	I I I
	**APOSTILLE' / NOTARIAL CERTIFICATION**	ш сэ	
COUNTRY OF DESTI NUMBER OF CERTIN	FICATES REQUESTED		
TOTAL OWED \$70	ACCOUNT #: 12016000		
Please call Tina d	at the above number for any issues or concerns. Thank y		

#### **COVER LETTER**

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

SUBJECT:^	Alexa Wolff P. A.  (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	<u>UDE SUFFIX</u> )	_
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	a check for:	
□ \$70.00 Filing Fe		☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status	
WD 0.1	Alexa Wolff			
FROM:	Name	e (Printed or typed)		2024 FEB 15
	Fort Lauderdale, FL 33301	Address	AND CONTROL OF THE CO	P.
	City. 305-409-9873	State & Zip	EL ELVIE	ည် က်
	Daytime Talexa.wolff@trustworks.co	Celephone number		
-	E-mail address: (to be use	d for future annual report i	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)

RTICLE II PRI	NCIPAL OFFICE Principal street address	Mailing ac	ddress, if different is:
0 SE 6th Street, St	ite 1700		188-131
t Lauderdale, FL 3			
RTICLE III PUR ne purpose for whic	RPOSE the the corporation is organized is:	ride legal services and any busine	ess incident thereto.
	<u> </u>		
RTICLE IV SH.	ARES 1 of stock is:	<del></del>	
ne number of shares	of stock is:	<u>s</u>	Wolff, Secretary
ne number of shares	of stock is:  TIAL OFFICERS AND/OR DIRECTOR.  Title:  Alexa Wolff, President	S Name and Title: Alexa	th Street, Suite 1700
ne number of shares  RTICLE V INF  Name and T	of stock is:  TIAL OFFICERS AND/OR DIRECTOR.  Title:  Alexa Wolff, President	S Alexa Name and Title: 110 SE 6	th Street, Suite 1700 Street, Suite 1700 Street, Suite 1700 Street
ne number of shares  RTICLE V INF  Name and T	of stock is:  TIAL OFFICERS AND/OR DIRECTOR.  itle:  110 SE 6th Street, Suite 1700	Name and Title:  Address:  Fort Laude	th Street, Suite 1700 22 rdale, FL 333017 77
ne number of shares  **RTICLE V INF  Name and T  Address	TIAL OFFICERS AND/OR DIRECTOR.  Title: Alexa Wolff, President  110 SE 6th Street, Suite 1700  Fort Lauderdale, FL 33301	Name and Title:  Address:  Fort Laude	rdale, FL 333012 FT SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
ne number of shares  RTICLE V INF  Name and T	TIAL OFFICERS AND/OR DIRECTOR.  Alexa Wolff, President  110 SE 6th Street, Suite 1700  Fort Lauderdale, FL 33301	Name and Title:  Address:  Fort Laude  Name and Title:	rdale, FL 333012 FT SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
Name and T	TIAL OFFICERS AND/OR DIRECTOR.  Alexa Wolff, President  110 SE 6th Street, Suite 1700  Fort Lauderdale, FL 33301	Name and Title:  Address:  Fort Laude  Name and Title:	th Street, Suite 1700 22 Production of the street of the
Name and T	TIAL OFFICERS AND/OR DIRECTOR.  Alexa Wolff, President  110 SE 6th Street, Suite 1700  Fort Lauderdale, FL 33301	Name and Title:  Address:  Fort Laude  Name and Title:	th Street, Suite 1700 22 Production of the street of the
Name and T  Address  Address	TIAL OFFICERS AND/OR DIRECTOR.  Alexa Wolff, President  110 SE 6th Street, Suite 1700  Fort Lauderdale, FL 33301	Name and Title:  Address:  Fort Laude  Name and Title:  Address:  Address:	rdale, FL 333017 FEB
Name and T  Address  Address	TIAL OFFICERS AND/OR DIRECTOR.  Alexa Wolff, President  110 SE 6th Street, Suite 1700  Fort Lauderdale, FL 33301	Name and Title:  Address:  Fort Laude  Name and Title:  Address:  Name and Title:  Name and Title:	rdale, FL 333017 FEB

Name a	nd Title:	Name and Title:
Addres	ss	Address:
		<u> </u>
ARTICLE VI	REGISTERED AGENT	white white and anomalies
The <u>name and l</u>	Florida street address (P.O. Box NOT accept	able) of the registered agent is.
Name:	Alexa Wolff	
Address:	110 SE 6th Street, Suite 1700	
	Fort Lauderdale, FL 33301	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	
The <u>name and</u> :	address of the Incorporator is:	
Name:	Alexa Wolff	
	110 SE 6th Street, Suite 1700	
Address:	Fort Lauderdale, FL 33301	<del></del>
	Port Lauderdale, 1 C 35301	
ADTICLE VIII	I EFFECTIVE DATE:	
Effective date.	if other than the date of filing:	(OPTIONAL)
	date is listed, the date must be specific and	d cannot be more than five days prior or 90 days after the
filing.)		21 F
Note: If the da	te inserted in this block does not meet the app	plicable statutory filing requirements, this date will not be listed as t
the document s	effective date on the Department of State's r	ecolus.
Havina heen na	amed as revistered agent to accept service of p	rocess for the above stated corporation at the place designated in this
certificate, I am	i familiar with and accept the appointment as	registered agent and agree to act in this capacity
alle	Wolff	
wife	Required Signature/Registered Ag	ent Date
I submit this de	ocument and affirm that the facts stated her e Department of State constitutes a third degr	rein are true. I am aware that the false information submitted in a ee felony as provided for in s.817.155, F.S.
		······································
alepu	1000	92/07/2024
Required Signa	tture/Incorporator	Date

 $\Phi = \{ (a,b) \mid b \in A \mid b \in A \}$