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## **COVER LETTER**

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

SUBJECT:	nurew Aquart Architect, P.A.			
	(PROPOSED CORPOR)	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an o	riginal and one (1) copy of the ar	ticles of incorporation and	d a check for:	
□X\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate o Status	
		ADDITIONAL CO		
FROM:	Stephen J. Kolski, Esq.			
	Name (Printed or typed)			
_	2020 Ponce De Leon Blvd., Suite 905A			
	Address			
	Coral Gables, FL 33134			
	City.	, State & Zip		
	305-371-9576			
_	Daytime 1	elephone number	<del></del>	
	andrew@andrewaquart.com	m		
_	E-mail address: (to be use	d for future annual report r	otification)	

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)

The name of the corpora		<b>4</b> .	
ARTICLE II PRIN 516 N.E. 64th Street Miami, FL 33138	CIPAL OFFICE Principal street address	Mailing a	address, if different is:
ARTICLE III PURP The purpose for which	OSE the corporation is organized is: Professiona	ul Corporation.	
			1024 JAN 22
ARTICLE IV SHAR The number of shares of			AHII: 25
-	e: Andrew Aquart, President, Treasurer and	No. of The	
Address	Secretary 516 N.E. 64th Street	Address:	
	Miami, FL 33138		
Name and Title	:	Name and Title:	
Address			
Name and Title	:	Name and Title:	
Address		Address:	

Name ar	nd Title:	Name and Title:
Address	s	Address:
ARTICLE VI	REGISTERED AGENT	
Name:	lorida street address (P.O. Box NOT acceptab Stephen J. Kolski	le) of the registered agent is:
Address:	2020 Ponce De Leon Blvd, Suite 905A	<del></del>
Address.	Coral Gables, FL 33134	
ARTICLE VII	<u>INCORPORATOR</u>	924 J
The name and ac	ddress of the Incorporator is:	JAH 22
Name:	Andrew Aquart	(·) ~
Address:	516 N.E. 64th Street	
	Miami, FL 33138	25
	• • • • • • • • • • • • • • • • • • • •	<del></del>
ARTICLE VIII	EFFECTIVE DATE:	(0)////0
(11 an ellective o	other than the date of filing:ate is listed, the date must be specific and c	annot be more than five days prior or 90 days after th
filing.)		
Note: If the date the document's el	inserted in this block does not meet the applic ffective date on the Department of State's reco	table statutory filing requirements, this date will not be li
	5 P	
Huving been nam	ned as registered agent to accept service of proc amiliar with and accept the appointment as reg	ess for the above stated corporation at the place designate
M	A Holm	- •
- Jug	Required Signature/Registered Agent	1-15-20
Louis and Antonia	,	Date
i submit this doct document to the D	ument and affirm that the facts stated herein partment of State constitutes a third degree f	are true. I am aware that the false information submitted elony as provided for in s.817.155, F.S.
/		, , , , , , , , , , , , , , , , , , ,
( )	1-11- 2/1/2 -	1/-/-