

P24000020222
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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.

((H24000108160 3)))



H240001081603ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : GERALD WEINBERG, P.C.
 Account Number : I20030000043
 Phone : (800)342-9856
 Fax Number : (800)354-3381

****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
 MIBO MANAGEMENT CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

2024 MAR 21 PM 5:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

Mar. 21. 2024 4:42PM

1124 000 1081603
ARTICLES OF INCORPORATION

No. 1298 P. 2

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

ARTICLE I NAME

The name of the corporation shall be: MIBO MANAGEMENT CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1832 S. OCEAN DRIVE

HALLANDALE BEACH, FL 33009

Mailing address, if different is:

1832 S. OCEAN DRIVE

HALLANDALE BEACH, FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KARINA VAKHOVSKY/PRESIDENT

Address: 1832 S. OCEAN DRIVE

HALLANDALE BEACH, FL 33009

Name and Title: ALEXA OLIVA/VICE PRESIDENT

Address: 12707 SW 17TH STREET

MIAMI, FL 33186

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
MAR 21 PM 5:23
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

1124 000 1081603

Mar. 21. 2024 4:42PM

H240001081603

No. 1298 P. 3

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: KARINA VAKHOVSKY

Address: 1832 S. OCEAN DRIVE

HALLANDALE BEACH, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LAWRENCE A. KIRSCH

Address: 41 STATE STREET SUITE 700

ALBANY, NY 12207

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/ KARINA VAKHOVSKY

Required Signature/Registered Agent

3/21/2024

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.

Lawrence A. Kirsch

Required Signature/Incorporator

3/21/2024

Date

FILED
MAR 21 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H240001081603