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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
MARCELA V. BERBARI P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Corporate Filing Menu

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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: MARCELA V. BERBARI P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
177 OCEAN LANE DR APT 310
KEY BISCAYNE, FL 33149

Mailing address, if different is:
177 OCEAN LANE DR APT 310
KEY BISCAYNE, FL 33149

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARCELA V. BERBARI

Name and Title: _____

Address PRESIDENT

Address: _____

177 OCEAN LANE DR APT 310

KEY BISCAYNE, FL 33149

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2024 MAR 28 PM 6:11

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: MARCELA V. BERBARI
Address: 177 OCEAN LANEDR APT 310
KEY BISCAYNE, FL 33149

ARTICLE VII - INCORPORATOR

The name and address of the Incorporator is:

Name: MARCELA V. BERBARI
Address: 177 OCEAN LANE DR APT 310
KEY BISCAYNE, FL 33149

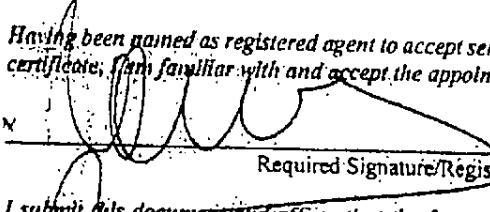
ARTICLE VIII - EFFECTIVE DATE:

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.)

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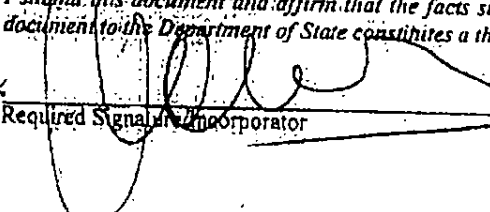
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

03/21/2024
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.



Required Signature/Incorporator

03/21/2024
Date

03/21/2024 20:51:11