## P24000657131

<u>-</u>	(Requestor's Name)	
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	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
<u>—</u>	<del>_</del>	
	(Business Entity Name)	
•	(D	·
	(Document Number)	
Certified Copies	Certificates of S	Status
	_	
Special Instructions to	Filing Officer:	
Opecia instructions to	Timing Officer.	
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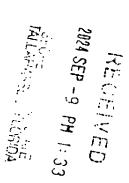
Office Use Only



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## Sunshine State Corporate Compliance Company

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

DATE <u>09/09/2024</u> ***			**WALK	IN**
ENTITY NAMEDIRes	ta Equities II, Inc			<u> </u>
DOCUMENT NUMBER	R			
	**PLEASE FILE THE	ATTACHED AND RETURN**	2024 SEP	7
xxxxxxxx	Plaix Copy Certified Copy		-9 AM HASSEE	m
	Certificate of Status		9: <b>47</b> STATE S. FL	
	**PLEASE OBTAIN THE FOL	LOWING FOR THE ABOVE ENTITY	<b>作业</b>	
	Certified Copy of Arts &		40	
		Amendments Complete File (Including Ani	raal Keports)	
	Certificate of Status Certificate of Status Refle	oc Ging:		
	**APOSTILLE' / NO	TARIAL CERTIFICATION**		
COUNTRY OF DESTINA	ATION			
NUMBER OF CERTIFICA				
TOTAL OWED \$ 78.75	5	ACCOUNT # 120140000108 United Corporate Services, Inc. Vissues or concerns, Thank y	Keithfleppo	ul
Please call Tina at	the above number for any	i issues or concerns. Thank g	poa so much!	

## **COVER LETTER**

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

SUBJECT: DiRes	sta Equities II, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☑ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate C
FROM:	Nam	e (Printed or typed)	
		Address	, <del></del>
	City,	State & Zip	<u> </u>
	Daytime T	elephone number	
bria	n@direstarichman.com		
	E-mail address: (to be use	d for future annual report n	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)

ARTICLE I NAM. The name of the corpor	E ation shall he: DiResta Equities II, In	16.	
<i>article II Prin</i> 203 SE Bell	ICIPAL OFFICE Principal street address a. Strano	<del></del>	ddress, if different is:
Port St. Lucie	, FL. 34984		
ARTICLE III PURF The purpose for which	POSE the corporation is organized is: To enga	age in any lawful act or a	ctivity permitted by law.
		<del></del>	2024 SEI
			SVHV 6-6
			SER SH 99 D
ARTICLE IV SHAP The number of shares o	RES f stock is: 200 NPV		ATE A
	AL OFFICERS AND/OR DIRECTORS		
Name and Tit	le: Brian DiResta P.S.T.VP & D	Name and Title:	
Address	203 SE Bella Strano	Address:	
	Port St. Lucie, FL. 34984		
Mama and Title		Name and Title	
Address	2:	Address:	
		<del></del>	
Name and Title	:	Name and Title:	
Address		Address:	

Name a	and Title:	Name and Title:	
Addre	ss	Address:	
ARTICLE VI	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptal	ole) of the registered agent is:	
Name:	Brian DiResta		
Address:	203 SE Bella Strano		
	Port St. Lucie, FL. 34984		(
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		7024 SEP -9
The name and	address of the Incorporator is:		AHAS:
Name:	Brian DiResta		S = (538)
Address:	203 SE Bella Strano		M 9: 47 OF STATE SEE, FL
	Port St. Lucie, FL. 34984		F7
Effective date, (If an effective filing.)  Note: If the da	TEFFECTIVE DATE:  if other than the date of filing:  date is listed, the date must be specific and of the inserted in this block does not meet the applie	cannot be more than five days cable statutory filing requiremen	prior or 90 days after the
Having been na	med as registered agent to accept service of pro familiar with and accept the appointment as re	cess for the above stated corpora	
/s/ Brian Dif	Resta		9/9/24
	Required Signature/Registered Agen	t	Date
	ocument and affirm that the facts stated herei Department of State constitutes a third degree		
/s/ Brian DiR			9/9/24
Required Signa	ture/Incorporator		Date