

10/24/2024 07:00

05:381

FLORIDA

AG 01/03

10/24/24, 8:38 AM

Division of Corporations

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.

(((H24000354652 3)))



H240003546523ABC+

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 : MELAND RUSSIN & BUDWICK, P.A.
Account Number : I20040000113
Phone : (305)358-6363
Fax Number : (305)358-1221

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.****

Email Address: CRAMOS@MELANDBUDWICK.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
CRESCENT MEADOW HOLDINGS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FL

2024 OCT 24 PM 12:16

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

MS

H24000354652 3

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

ARTICLE I NAMEThe name of the corporation shall be: Crescent Meadow Holdings, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address
c/o Meland Budwick, P.A.
200 S. Biscayne Blvd. Suite 3200Miami, FL 33131Mailing address, if different is:
c/o Meland Budwick, P.A.
200 S. Biscayne Blvd. Suite 3200
Miami, FL 33131**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: 2,000,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Tracy Davies, Director</u>	Name and Title:	_____
Address	<u>c/o Meland Budwick, P.A.</u>	Address:	_____
	<u>200 S. Biscayne Blvd. Suite 3200</u>		_____
	<u>Miami, FL 33131</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

H24000354652 3

H24000354652 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: Meland Budwick, P.A.
Address: 200 S. Biscayne Blvd., Suite 3200
Miami, FL 33131

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Tracy Davies
Address: c/o Meland Budwick, P.A.
200 S. Biscayne Blvd., Suite 3200, Miami, FL 33131

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.

Required Signature/Registered Agent

10/21/2024

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

10/21/2024

Date

H24000354652 3