

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**P25700007360**

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 each page of the document.

(((H25000036192 3)))



H250000361923ABC

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: \_\_\_\_\_

2025 JAN 30 PM 12:42

RECEIVED

FLORIDA PROFIT/NON PROFIT CORPORATION  
CECE CONSULTING INC.

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

*gc*

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: Cece Consulting Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

2709 Burlington Ave N

St. Petersburg, FL 33713

Mailing address, if different is:

SAME

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: Kara Graves, President Name and Title: \_\_\_\_\_

Address: 2709 Burlington Ave N Address: \_\_\_\_\_

St. Petersburg, FL 33713 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Jan. 30, 2025 9:52AM

H250000361923

1: 2: 3: 4: 5: 6: 7: 8: 9: 10: 11: 12:

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: Kara Graves

Address: 2709 Burlington Ave N

St. Petersburg, FL 33713

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LAWRENCE KIRSCH

Address: 41 STATE STREET STE 700

ALBANY, NY 12207

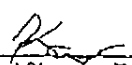
**ARTICLE VIII EFFECTIVE DATE:**

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.

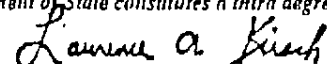
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

1/30/2025

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

Date

1/30/2025

H250000361923