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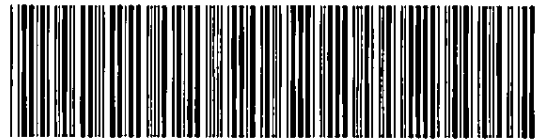
(Business Entity Name)

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22 SEP - 1 PM 3:32

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

### COVER LETTER

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

Patricia Hamilton, CPA, P.A.

**SUBJECT:** \_\_\_\_\_  
**(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** \_\_\_\_\_  
Steven R. Berger  
Name (Printed or typed)  
\_\_\_\_\_  
c/o Vedder Price, P.C., 1633 Broadway, 31st Floor  
Address  
\_\_\_\_\_  
New York, NY 10019  
City, State & Zip  
\_\_\_\_\_  
212-407-7714  
Daytime Telephone number  
\_\_\_\_\_  
sberger@vedderprice.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 899774 4348220

AUTHORIZATION :



COST LIMIT : \$ 70.00

ORDER DATE : August 22, 2022

ORDER TIME : 9:25 AM

ORDER NO. : 899774-260

CUSTOMER NO: 4348220

DOMESTIC FILING

NAME: PATRICIA HAMILTON, CPA, P.A.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

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

**ARTICLE I NAME** Patricia Hamilton, CPA, P.A.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address Mailing address, if different is:  
c/o Marcum S Corp Legal, 10 Melville Park Road \_\_\_\_\_  
Melville, NY 11747 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE** Public Accountancy  
The purpose for which the corporation is organized is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** 1,000 common shares, \$0.01 par value  
The number of shares of stock is: \_\_\_\_\_

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22 SEP - 1 PM 3:32

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Patricia Hamilton, President Name and Title: \_\_\_\_\_  
Address 4210 W Kensington Ave Address: \_\_\_\_\_  
Tampa, FL 33629 \_\_\_\_\_  
\_\_\_\_\_

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

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

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: Patricia Hamilton \_\_\_\_\_

Address: 4210 W Kensington Ave \_\_\_\_\_

Tampa, FL 33629 \_\_\_\_\_

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DIVISION OF CORPORATIONS  
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**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Patricia Hamilton \_\_\_\_\_

Address: 4210 W Kensington Ave \_\_\_\_\_

Tampa, FL 33629 \_\_\_\_\_

**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:*

DocuSigned by:  
PATRICIA HAMILTON  
8422CA3E7B144450

Required Signature/Registered Agent

Aug 22, 2022

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.*

DocuSigned by:  
PATRICIA HAMILTON  
8422CA3E7B144450

Required Signature/Incorporator

Aug 22, 2022

Date