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DIVISION OF CORPORATIONS

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COVER LETTER

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

SUBJECT:	Moises Ariza, CPA, P.A.			
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE S</u>				
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status	
		ADDITIONAL CO	DPY REQUIRED	
FROM:	Steven R. Berger			
		e (Printed or typed)		
	c/o Vedder Price,	P.C., 1633 Broadway, 31s	t Floor	
		Address		
	New Y	ork, NY 10019		
	City	. State & Zip		
	217	2-407-7714		
	Daytime	Telephone number		
	sberger@v	edderprice.com		
	E-mail address: (to be used for future annual report notification)			

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

Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 899774 4348220 AUTHORIZATION : COST LIMIT : \$ 170.00 ORDER DATE : August 22, 2022 ORDER TIME : 9:25 AM ORDER NO. : 899774-255 CUSTOMER NO: 4348220 DOMESTIC FILING NAME: MOSIES ARIZA, 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

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

XX PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

1201 Hays Street

ARTICLES OF INCORPORATION

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

The name of the corporat	ion shall be: Moises Ariza, CPA, P.A.			
ARTICLE II PRINCIPAL OFFICE Principal street address c/o Marcum S Corp Legal, 10 Melville Park Road Melville, NY 11747			failing address, if different is:	
ARTICLE III PURPO The purpose for which the	OSE he corporation is organized is: Public A	ccountancy		
			22 \$	
			- P	~::=
			J	CURPORATIONS
ARTICLE IV SHARI The number of shares of	ES 1,000 common shares,\$0.01	par valu	54	TIONS
	L OFFICERS AND/OR DIRECTORS Moises Ariza, President	Name and Tide		
Address	8564 NW 165th Street			
	Miami Lakes, FL 33016			
Name and Title:		Name and Title:_	-	
Address		Address: _		
Name and Title:		Name and Title:_		
Address		Address:		_

Name a	nd Title:	Name and Title:	
Address		Address:	
	<u>-</u>		
ARTICLE VI			
The <u>name and I</u>	Florida street address (P.O. Box NOT accept	able) of the registered agent is:	
Name:	Moises Ariza		
Address:	8564 NW 165th Street		DIVI 22
	Miami Lakes, FL 33016		SEP SEP
OTICLE VII	INCOR <u>PORATOR</u>		SECRETARY OF STATE OIVISION OF CORPORATION 2: 54
			3
The <u>name and a</u>	address of the Incorporator is:		STA RAI
Name:	Moises Ariza		75 101.
Address:	8564 NW 165th Street		<i>*</i> ^
	Miami Lakes, FL 33016		
ARTICLE VIII	EFFECT <u>IVE DATE:</u>		
Effective date, i	if other than the date of filing:	OPTION.	AL)
(If an effective filing.)	date is listed, the date must be specific and	i cannot de more than tive day	's prior or 90 days after the
Note: If the dathe document's	te inserted in this block does not meet the appeter of State's r	plicable statutory filing requirem ecords.	ients, this date will not be listed as
Having been na certificate, I am	uned as registered agent to accept service of p a familiar with and accept the appointment as	rocess for the above stated corpor registered agent and agree to ac	ration at the place designated in this t in this capacity
	(<u>23</u> -16		Aug 22, 2022
	Required Signature/Registered Ag	ent	Date
I submit this do	ocument and affirm that the facts stated her e Department of State constitutes a third degr	cin are true. I am aware that the ee felony as provided for in s.817	ne false information submitted in a V.155, F.S.
	Docusigned by:		Aug 22, 2022
Required Signa	ture/Incorporator 203F32C1BEB54B0		Date