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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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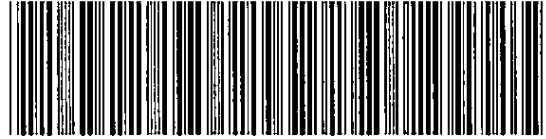
(Business Entity Name)

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TALLAHASSEE, FLORIDA

2022 SEP - 1 AM 11:32

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 SEP - 1 PM 3:54

## COVER LETTER

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

Michael Naparstek, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**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 : 9:24 AM  
ORDER NO. : 899774-245  
CUSTOMER NO: 4348220

DOMESTIC FILING

NAME: MICHAEL NAPARSTEK, 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**

The name of the corporation shall be: Michael Naparstek, CPA, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address c/o Marcum S Corp Legal, 10 Melville Park Road Mailing address, if different is:  
Melville, NY 11747

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Public Accountancy

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**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 common shares, \$0.01 par value

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

Name and Title: Michael Naparstek, President Name and Title: \_\_\_\_\_  
Address: 15662 Loch Maree Lane, Apt 6302 Address: \_\_\_\_\_  
Delray Beach, FL 33446

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: Michael Naparstek  
Address: 15662 Loch Maree Lane, Apt 6302  
Delray Beach, FL 33446

**ARTICLE VII INCORPORATOR**

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

Name: Michael Naparstek  
Address: 15662 Loch Maree Lane, Apt 6302  
Delray Beach, FL 33446

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**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:  
Michael Naparstek Aug 19, 2022  
Required Signature/Registered Agent 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:  
Michael Naparstek Aug 19, 2022  
Required Signature/Incorporator Date