(shown bel

(((H250000567193)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

	Doing so will generate another cover sheet.	202
To:	Division of Corporations	: 71 : CD
	Fax Number : (850)617-6381	·
From:) PH
	Account Name : HUBCO Account Number : 104662003400	ည်း ယ
	Phone : (516)813-1184	30
	Fax Number : (516)935-3088	

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

		tjk1958@aol.com
Email	Address:	9

FLORIDA PROFIT/NON PROFIT CORPORATION Elite Trading Strategies, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

H25000056719

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

The name of the corporation shall be:	CLE I NAME me of the corporation shall be: Elite Trading Strategies, Inc.		
ARTICLE II PRINCIPAL OFFICE Principal street address 2801 NE 183rd Street, Apt 2116W Aventura, FL 33160-2135	Mailing address, if different is:		
	Day Trading		
ARTICLE IV SHARES The number of shares of stock is: 1500 at No Par Value	3		
Name and Title: Michael Dalessandro - Presid Address 2801 NE 183rd Street, Apt 2	lent/Director Name and Title:		
Name and Title: Michael Dalessandro - Presid	lent/Director Name and Title:		
Name and Title: Michael Dalessandro - Presidente Address Address Aventura, FL 33160-2135	lent/Director Name and Title:		
Name and Title: Michael Dalessandro - Presidente Address Address Aventura, FL 33160-2135	Name and Title: Name and Title:		
Name and Title: Michael Dalessandro - President Address Address Aventura, FL 33160-2135 Name and Title: Address	Name and Title: Name and Title: Name and Title: Address: Address:		
Name and Title: Michael Dalessandro - President	Name and Title: Name and Title:		
Name and Title: Address Address Address Name and Title: Address Name and Title: Address Address Address Address Address Address	Name and Title:		
Address Address Aventura, FL 33160-2135 Name and Title: Address Name and Title:	Name and Title:		

p.3

r	а	v

Required Signature/Incorporator

Michael Dalessandro

			H25000056719	
Name a	nd Title:	Name and Title:		
Address		Address:		
ARTICLE VI	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable)	of the registered agent is:		
Name:	Michael Dalessaпdro			
Address:	2801 NE 183rd Street, Apt 2116W			
. Idailees.	Aventura, FL 33160-2135			
	INCORPORATOR address of the Incorporator is:			
Name:	Michael Dalessandro			
Address:	2801 NE 183rd Street, Apt 2116W			
	Aventura, FL 33160-2135			
Effective date	I EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and car	(OPTIONAL) not be more than five days prior	r or 90 days after the	
Note: If the dathe document's	ate inserted in this block does not meet the applical seffective date on the Department of State's record	ole statutory filing requirements, this.	nis date will not be listed as	
Having been no certificate, I an	amed as registered agent to accept service of proces of familian with and accept the appointment as regis	s for the above stated corporation of tered agent and agree to act in this	it the place designated in this scapacity	
1./m			February 12, 2025	
Required Signa	nure/Registered Agent Michael Dalessandro		Date	
I subnit this d	locument and affirm that the facts stated herein of Peparanent of State constitutes a third degree fe	re true. I am aware that the false	information submitted in a E.S.	

February 12, 2025