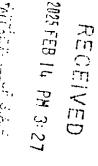
## P25000008762

(R	equestor's Name)	_
(A	ddress)	
(Á	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

4049 8TH AVE CORP					
Please Debit FCA00000	0003 For: 70				
Thank you Seth Neeley					
Step/			Art of Inc. File	`` } } 1	
			LTD Partnership File	j	٠ أ
			Foreign Corp. File	.=	,
			L.C. File	- ;	.]
			Fictitious Name File		)
			Trade/Service Mark	1	
			Merger File		
		<u> </u>	Art, of Amend, File		
			RA Resignation		
			Dissolution / Withdrawal		
			Annual Report / Reinstatement		
			Сеп. Сору		
			Photo Copy		
			Certificate of Good Standing		
			Certificate of Status		
			Certificate of Fictitious Name		
			Corp Record Search		
1.	,		Officer Search		
AL)	,		Fictitious Search		
Signature			Fictitious Owner Search		
			Vehicle Search		
			Driving Record		
Requested by:		\ <u>-</u> -	UCC 1 or 3 File		
Name	Date Time	<del></del>	UCC 11 Search		
		[	UCC 11 Retrieval		
Walk-In	Will Pick Up	<del></del>	Courier		

## **COVER LETTER**

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

SUBJECT:	4049 8TH AVE CORP.		
30bsec1	(PROPOSED CORPORA	NTE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
€X\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certified Copy & Certificate o Status
		ADDITIONAL CO	DET REQUIRED
FROM:	Mimi Bared Nam	e (Printed or typed)	
	201 Alhambra Circle, Su	iite 801	
<u></u>		Address	
	Coral Gables, FL 33134		
	City	. State & Zip	
	305-666-6010 ext 103		
	Daytime 1	Celephone number	<u>.                                      </u>
	mimi@baredlaw.com		
	E-mail address: (to be use	d for future annual report r	otification)

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

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

ARTICLE I NAMI The name of the corpora	4049 8TH AVE CC	DRP	
201 Alhambra Circ Coral Gables, FL 3	Principal <u>street</u> address le, Suite 801	Mailing address, if different is:	
COTICLE III DUDD	the corporation is organized is: Any a	nd all lawful business.	
		1	
ARTICLE IV SHAR The number of shares of	<u>ues</u> 100	· · · · · · · · · · · · · · · · · · ·	
	AL OFFICERS AND/OR DIRECTORS  e: Edward Cohen, President  201 Alhambra Circle, Suite 801  Coral Gables, FL 33134	Name and Title: Address:	
Name and Title	::		
Name and Title	:	Name and Title:  Address:	
		<u> </u>	

Name and	Title:	Name and Title:	
Address		Address:	· · · · · · · · · · · · · · · · · · ·
The name and Flor	GISTERED AGENT ida street address (P.O. Box NOT acceptable) Pablo R. Bared, Esq. 201 Alhambra Circle, Suite 801	of the registered agent is:	
Address:	Coral Gables, FL 33134	<del></del> -	;
<u>ARTICLE VII - IN</u>	CORPORATOR		
The <u>name and addi</u> Name:	ress of the Incorporator is: Pablo R. Bared , Esq.		;
Address:	201 Alhambra Circle, Suite 801		• .·
	Coral Gables, FL 33134		
Effective date, if oil (If an effective date filling.)  Note: If the date in	rer than the date of filing: 02/14/2025  e is listed, the date must be specific and can serted in this block does not meet the applicabetive date on the Department of State's record	not be more than five days pri-	·
Having been named certificate, I am fam	as registered agent to accept service of process iliar with and accept the appointment as regist	s for the above stated corporation tered agent and agree to act in th	at the place designated in this is capacity
s  Pablo T	?. Bared		02/14/2025
	Required Signature/Registered Agent	<del></del>	Date
I submit this docun document to the Dej	nent and affirm that the facts stated herein a partment of State constitutes a third degree felo	re true. I am aware that the fals ony as provided for in s.817.155,	e information submitted in a F.S.
[s] Pablo R.	Bared		02/14/2025
Required Signature/	Incorporator	Date	. ———

•