# 100007/052

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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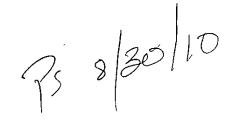


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SECRETARY OF SHAFE





# **COVER LETTER** ,

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

SUBJECT: Law One	ces of Yoni Markhoff, P.A. (PROPOSED CORPORA	ATE NAME – MUST INCL	UDE SUFFIX)	
	(I NOI OULO OULO		<u> </u>	
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	a check for:	
\$70.00	<b>□</b> \$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
1 5 . 00	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
			Status	
		ADDITIONAL CO	ADDITIONAL COPY REQUIRED	
FROM: Yor	ni Markhoff	(D: (1) (1)		
	Nam	e (Printed or typed)		
075	4 1M Ot D 04 A 004			
3/5	1 West State Road 84 Apt 204	Address		
Dav	rie FL 33312			
Dav	City	, State & Zip		
786	-361-2039		<del></del>	
<del></del>	Daytime '	Telephone number		

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

E-mail address: (to be used for future annual report notification)

yonimarkhoff@att.net

## 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: Law Offices of Yoni Markhoff, P.A.

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 20801 Biscayne Blvd Suite 403 Aventura FL 33180

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: law office

### ARTICLE IV SHARES

The number of shares of stock is: 1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s); Yoni Markhoff 3/51 West State President Road 84 #204 **Davie FL 33312** 

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Yoni Markhoff 3751 West State Road 84 #204

**Davie FL 33312** 

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Yoni Markhoff

3751 West State Road 84 #204

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

Signature/Registered Agent