P150000 28156

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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T. SCOTT



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COVER LETTER

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

SUBJECT:	\mathcal{W}	endi :	<u>r. Adel</u> s		P.A.	
	(PROP	OSED CORPOR	RATE NAME – <u>M</u>	<u>UST INCLI</u>	JDE SUFFIX)	
Enclosed are an orig	ginal and one (l) copy of the a	rticles of incorpo	oration and	a check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certifica	te of Status		ed Copy	\$87.50 Filing Fee, Certified Co & Certificat Status PY REQUIRE	te of
FROM:	W	lendi Nar	Adelsone (Printed or type	> ↑		-
10	2 00	Pointe	Dr. Address	Tou	nhouse	13
7	Mani	Beach	y, State & Zip	3313	39	_
_	95	4- St Daytime	Telephone numb	79 Der		_
	vendic E-mail a	delson address: (to be us	Sed for future and	ual report r	notification)	_

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)

The name of the corpora	tion shall be:	lendi J.	Adelson	P.A.	
ARTICLE II PRI	NCIPAL OFFICE Principal street address			ling address, if diffe	rent is:
7737 N	. University	Drive	100	South P	winte Dr
) 7		Tow	nhouse 1	3
	FL 33321			i Beach,	
		ed is: 1 aw	yer		
					- <u>-</u> 3
					12 -
ARTICLE IV SHA					A# 11: 00
ARTICLE V INT	TIAL OFFICERS AND	VOR DIRECTORS Jendi Adulson			
Address	1005 Point	L Dr +H13	Address:	· · · · · · · · · · · · · · · · · · ·	
	Minui Bea	LL, FC 23131			
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: Werdi Adelson	<u> </u>
Address: 100 S. Pointe Dr	TH-13
Miani Beach FL 3313	9_
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Wendi Adelson	
Address: 100 S. Po. At Dr.	-1 14 -13
Miani Beach FL 3	<u>31</u> 3 ዓ
Having been named as registered agent to accept service of proceedings certificate, I am familiar with and accept the appointment as	
Required Signature/Registered Agent	3/16/15
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein a document to the Department of State constitutes a third degree fel	
λ	3/16/15
Required Signature/Incorporator	Date