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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS  
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11/23/15

## COVER LETTER

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

**SUBJECT:** LAW OFFICE OF GAYLE SARJU P.A.

(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: GAYLE SARJU  
Name (Printed or typed)

2420 SW 86TH AVENUE  
Address

MIRAMAR, FLORIDA 33025  
City, State & Zip

(954) 588-6504  
Daytime Telephone number

GAYLESARJU@GMAIL.COM  
E-mail address: (to be used for future annual report 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)

**ARTICLE I NAME**

The name of the corporation shall be: LAWOFFICE OF GAYLE SARJU P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

7481 WEST OAKLAND PARK BLVD.

SUITE 203F

TAMARAC, FLORIDA 33318

Mailing address, if different is:

2420 SW 86TH AVENUE

MIRAMAR, FLORIDA 33025

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PROFESSIONAL CORPORATION; LEGAL SVCS.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: GAYLE SARJU, PRESIDENT

Name and Title: \_\_\_\_\_

Address 2420 SW 86TH AVENUE

Address: \_\_\_\_\_

MIRAMAR, FLORIDA 33025

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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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: LLOYD A. ROACH, SR.  
Address: 10890 NW 29TH STREET  
DORAL, FLORIDA 33172

**ARTICLE VII INCORPORATOR**

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

Name: GAYLE SARJU  
Address: 2420 SW 86TH AVENUE  
MIRAMAR, FLORIDA 33025

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 11/02/2015. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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*

\_\_\_\_\_  
Required Signature/Registered Agent

11-04-2015  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

11/4/2015  
Date