

PI6 0000 33883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

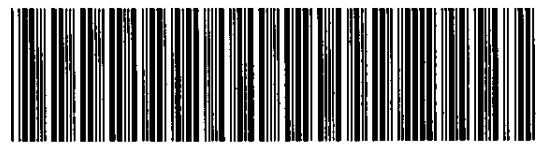
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
**RECEIVED MAR 14 RECD**  
*W16-21345*

Office Use Only



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03/15/16--01006--014 \*\*78.75

SECRETARY OF STATE  
WILMINGTON, DELAWARE  
16 APR 12 AM 10:11  
APPROVAL  
AND  
FILED

APR 12 2016  
S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 22, 2016

DANIEL TROPIN  
1050 BRICKELL AVE, UNIT 3304  
MIAMI, FL 33131

SUBJECT: DANIEL TROPIN, P.A.  
Ref. Number: W16000021345

We have received your document for DANIEL TROPIN, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Stacy Prather  
Regulatory Specialist III

Letter Number: 016A00005855

## COVER LETTER

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

**SUBJECT:** Daniel Tropin, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status <b>ADDITIONAL COPY REQUIRED</b>
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**FROM:** Daniel Tropin  
\_\_\_\_\_  
Name (Printed or typed)  
  
1050 Brickell Ave Unit 3304  
\_\_\_\_\_  
Address  
  
Miami, Florida, 33131  
\_\_\_\_\_  
City, State & Zip  
  
3055465646  
\_\_\_\_\_  
Daytime Telephone number  
  
dan@axslawgroup.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: Daniel Tropin, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
AxS Law Group  
1815 Purdy Avenue  
Miami Beach, FL, 33139

Mailing address, if different is:  
Daniel Tropin  
1050 Brickell Ave. Unit 3304  
Miami FL, 33131

16 APR 12 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: a professional association/corporation for Daniel Tropin, a licensed attorney, Florida Bar number 100424.

This Articles of Incorporation is submitted to correct an earlier attempt which mistakenly omitted the licensing information.

The reference number for the previous application is: W16000021345 Filed Date 03/22/2016.

Check for filing amount was included in previous application and cashed by Department of State.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Daniel Tropin, President Name and Title:  
Address: 1050 Brickell Ave Unit 3304 Address:  
Miami, FL 33131

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: Daniel Tropin  
 Address: 1050 Brickell Ave, Unit 3304  
 Miami, FL, 33131

**ARTICLE VII INCORPORATOR**

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

Name: Daniel Tropin  
 Address: 1050 Brickell Ave, Unit 3304  
 Miami, FL, 33131

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 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA  
 APPLICANT  
 FILED

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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  
 April 5, 2016  
 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  
 April 5, 2016  
 Date