

# P16000053002

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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### FLORIDA PROFIT/NON PROFIT CORPORATION LAW OFFICES OF GUY FRONSTIN, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	04
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STATE  
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COVER LETTER

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

SUBJECT: Law Offices of Guy Fronstin, 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  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: Guy Fronstin  
Name (Printed or typed)

1075 Broken Sound Pkwy, NW  
Address

Suite 102  
BOCA RATON, FL 33487  
City, State & Zip

561-447-4011  
Daytime Telephone number

guy@Fronstinlaw.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE FLORIDA

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: Law Offices of Guy Franstin, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1075 Broken Sound Pkwy., NW  
Suite 102  
BOCA RATON, FL 33487

Mailing address, if different is:

same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Criminal defense  
representation

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Guy Franstin President Name and Title:

Address: 1075 Broken Sound  
Pkwy., NW #102  
BOCA RATON, FL 33487 Address:

Name and Title: same Treasurer Name and Title:

Address: Address:

Name and Title: Sama Secretary Name and Title:

Address: Address:

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TALLAHASSEE FLORIDA

(cont.)

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: Guy Fronstin  
 Address: 1075 Broken Sound Pkwy, NW #102  
BOCA RATON, FL 33487

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Guy Fronstin  
 Address: 1075 Broken Sound Pkwy, NW #102  
BOCA RATON, FL 33487

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]  
 Required Signature/Registered Agent

6/20/16  
 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.

[Signature]  
 Required Signature/Incorporator

6/20/16  
 Date

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