

P15000002970

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

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Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

WHITNEY K. SCHIFFER, CPA, PA

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

87140

JAN 13 2015

T. SCOTT

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Corporate Filing Menu

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H15000009190

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COVER LETTER

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

SUBJECT: Whitney K. Schiffer, CPA, PA

(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:

Whitney Schiffer

Name (Printed or typed)

200 S. Biscayne Blvd., 6 floor

Address

Miami, FL 33131

City, State & Zip

Daytime Telephone number

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: Whitney K. Schiffer, CPA, PA

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address

Mailing address, if different is:

200 S. Biscayne Boulevard
Sixth Floor
Miami FL 33131

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Accounting

ARTICLE IV SHARES
The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Whitney K. Schiffer, President/Secretary
Address: 200 S. Biscayne Blvd, Sixth Floor
Miami, FL 33131

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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(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: Whitney Schiffer
Address: 200 S. Biscayne Blvd., 6 Floor
Miami, FL 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Whitney Schiffer
Address: 200 S. Biscayne Blvd., 6 Floor
Miami, FL 33131

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

Whitney Schiffer
Required Signature/Registered Agent

1/9/15
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.

Whitney Schiffer
Required Signature/Incorporator

1/9/15
Date

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DIVISION OF CORPORATE REGISTRATION
JAN 12 2015

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01/12/2015 15:56 3056339696