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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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

Email Address: _____

2020 JUN 23 PM 4:53

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FLORIDA LIMITED LIABILITY CO.

Denise L. Altman, P.A.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

2020 JUN 23 AM 11:29

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of this corporation shall be: Denise L. Altman, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

1112 Goodlette Road North Suite 203
Naples, FL 34102

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in the practice of law.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Denise L. Altman, Director</u>	Name and Title:	<u>Denise L. Altman, Pres., Sec'y., Treasurer</u>
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Address	<u>1112 Goodlette Road North</u> <u>Suite 203</u>	Address:	<u>1112 Goodlette Road North</u> <u>Suite 203</u>
	<u>Naples, FL 34102</u>		<u>Naples, FL 34102</u>

Name and Title:	_____	Name and Title:	_____
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Address	_____	Address:	_____
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Name and Title:	_____	Name and Title:	_____
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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: Kevin Hajek

Address: 1112 Goodlette Road North Suite 203

Naples, FL 34102

ARTICLE VII INCORPORATOR

The ~~name and address~~ of the incorporator is:

Name: Denise L. Altman

Address: 1112 Goodlette Road North Suite 203

Naples, FL 34102

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 days prior or 90 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

Kevin Hajek

Required Signature/Registered Agent

06/10/20

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.

Denise L. Altman

Required Signature/Incorporator

6/10/2020

Date