

TRANSMITTAL LETTER

Pol0000 71460

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

SUBJECT: The Law offices of Jonathan Zane Kantor
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300004484893--2
-07/18/01--01079--003
*****78.75 *****78.75

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: Jonathan Kantor
Name (Printed or typed)

770 Claughton Island Dr.
Address

11/6, Miami, FL 331
City, State & Zip

305 992-6605
Daytime Telephone number

Jonathan Kantor GAVE

AUTHORIZATION BY PHONE TO

CORRECT pa purpose

DATE 7-20-01

DOC. EXAM aj

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 19 AM 10:42

FILED

201-16693
JUL 19

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:

The Law offices of
Jonathan Lane Kantor, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

640 S. Miami

Second Floor
#4

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Miami, Florida 33130

To provide services as an attorney.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Jonathan Lane Kantor
770 Claverton Island Dr #1116
Miami, FL 33131-2617

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Jonathan Lane Kantor
770 Claverton Island Dr #1116
Miami, FL 33131-2617

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jonathan Lane Kantor
770 Claverton Island Dr. #1116
Miami, FL 33131-2617

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/Registered Agent

Date

Signature/Incorporator

Date

FILED
01 JUL 18 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA