# P01000114278

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

200004622722--7 -10/04/01--01013--014 \*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT:	Robert E. Jaffe	e & Associates, p	P.A.	
	(PROPOSED CORPORA inal and one (1) copy of the art	TE NAME - MUST INCL	CREWAY	DI DEC -4 AM
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 EXAMPLE STATES AND STATES	<b>57</b>
FROM:	Robert E. Jaffe Name 9495 Blind Pass F	(Printed or typed)		l e ce
-	Address St. Pete Beach, FL 33706  City, State & Zip  (727) 422-0965			
_	(727) 422-0965	State & Zip  Lephone number	101/	į

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



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 5, 2001

ROBERT E. JAFFE 9495 BLIND PASS RD STE 307 ST PETE BEACH, FL 33706

SUBJECT: ROBERT E. JAFFE & ASSOCIATES, P.A.

Ref. Number: W01000023144

We have received your document for ROBERT E. JAFFE & ASSOCIATES, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of 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) 245-6928.

Tim Burch Document Specialist New Filing Section

Letter Number: 801A00055889

## 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:

Robert E. Jaffe & Associates, P.A.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

9495 Blind Pass Rd., Suite 307

St. Pete Beach, FL 33706

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Law Firm

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

#### ARTICLE VI REGISTERED AGENT

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

Robert E. Jaffe

9495 Blind Pass Rd., Suite 307, St. Pete Beach, FL 33706

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert E. Jaffe 9495 Blind Pass Rd., Suite 307 St. Pete Beach, FL 33706

Signature/Registered Agent

- 10/1/01 Date

10/1/01 |Date

Kolvert E. Jahr Signature/Incorporation