

TRANSMITTAL LETTER

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

900004705839--2
-12/05/01--01038--021
*****76.50 *****76.50

SUBJECT: Michael S. Schwartzberg + Associates, P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

900004705839--2
-12/05/01--01038--022
*****2.25 *****2.25

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee
& Designation of
Registered Agent

☐ \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC 20 AM 10:46

FILED

FROM:

Michael S. Schwartzberg
Name (Printed or typed)

5428-1st Avenue North
Address

St Petersburg FL 33710
City, State & Zip

727-327-6036
Daytime Telephone number

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

T. SMITH DEC 20 2001

5428-1st Ave N
St Petersburg
FL 33710



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 6, 2001

MICHAEL S SCHWARTZBERG
5428 1ST AVE N
ST PETERSBURG, FL 33710

SUBJECT: MICHAEL S. SCHWARTZBERG - ASSOCIATES, PA
Ref. Number: W01000027848

We have received your document for MICHAEL S. SCHWARTZBERG - ASSOCIATES, PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

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) 245-6927.

Tracy Smith
Document Specialist
New Filing Section

Letter Number: 301A00064561

ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the corporation shall be:

Michael S. Schwartzberg & Associates, PA

ARTICLE II - PRINCIPAL OFFICE

The principal place of business/mailling address is:

5428 - 1st Avenue North
St Petersburg FL 33710

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is: To transact any business that a corporation may engage in under the laws of the State of Florida.

The Corporation will specifically operate as a law firm.

ARTICLE IV - SHARES OF STOCK

The number of shares of stock is:

1000 shs @ \$1 par value

ARTICLE V - INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

Michael S. Schwartzberg, Esquire
5428 - 1st Avenue North
St Petersburg FL 33710

ARTICLE VI - REGISTERED AGENT

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

Stephen Simone, CPA
6439 Central Avenue
St Petersburg FL 33710

ARTICLE VII - INCORPORATOR

The name and address of the Incorporator is:

Michael S. Schwartzberg, Esquire
5428 - 1st Avenue North
ST Petersburg FL 33710

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3rd day of December, 2001.

Michael S. Schwartzberg
Name

12/3/2001
Date

Name

Date

Name

Date

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida submits the following statement in designating the Registered Office/Registered Agent, in the State of Florida.

1. The name of the Corporation is:

Michael S. Schwartzberg - Associates, P.A.

2. The name and address of the registered agent and office is:

Stephen Simone, CPA
6439 Central Avenue
St Petersburg FL 33710-8411

Having been named as Registered Agent and to accept service of process for the above-stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Signature: _____

Stephen Simone

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TALLAHASSEE, FLORIDA