

PO5000029091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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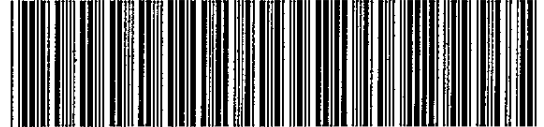
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB 17 PM 12:55

OK 6/5

TRANSMITTAL LETTER

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

SUBJECT: WALLACH MANAGEMENT CORP., INC
(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: GERALD W. WALLACH DDS
Name (Printed or typed)

17202 RYTON LA
Address

BOCA RATON, FL., 33496
City, State & Zip

1-561-988-7201
Daytime Telephone number

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)

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DIVISION OF CORPORATION

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ARTICLE I NAME

The name of the corporation shall be:

WALLACH MANAGEMENT CORP., INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

17202 RYTON LANE
BOCA RATON, FL., 33496

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTATION

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

GERALD W. WALLACH DDS, PRES
DOROTHY WALLACH, SEC.
17202 RYTON LANE
BOCA RATON, FL., 33496

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

GERALD W. WALLACH DDS
17202 RYTON LANE
BOCA RATON, FL., 33496

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GERALD W. WALLACH DDS
17202 RYTON LANE
BOCA RATON, FL., 33496

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