

POS000048124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

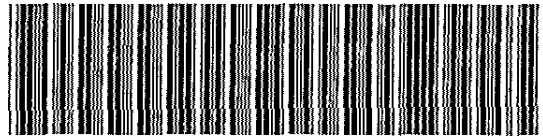
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. Shivers MAR 31 2005

TRANSMITTAL LETTER

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

SUBJECT: PETER M. GOLDFINE, 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: PETER M. GOLDFINE
Name (Printed or typed)
5012 EASTCHESTER DRIVE
Address
SARASOTA, FL 34234
City, State & Zip
(941) 914-3000
Daytime Telephone number

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DEPT. OF STATE
TALLAHASSEE, FL 32314

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)

ARTICLE I NAME

The name of the corporation shall be:

PETER M. GOLDFINE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5012 EASTCHESTER DRIVE
SARASOTA, FL 34234

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE SALES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PETER M. GOLDFINE -
5012 EASTCHESTER DRIVE
SARASOTA, FL 34234

ARTICLE VI REGISTERED AGENT

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

PETER GOLDFINE
5012 EASTCHESTER DRIVE
SARASOTA, FL 34234

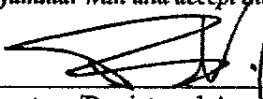
PETER M. GOLDFINE
5012 EASTCHESTER DR.
SARASOTA, FL 34234-3735

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PETER M. GOLDFINE
5012 EASTCHESTER DR.
SARASOTA, FL 34234-3735

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

3/24/05

Date



Signature/Incorporator

3/24/05

Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA