

PD50000 49708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

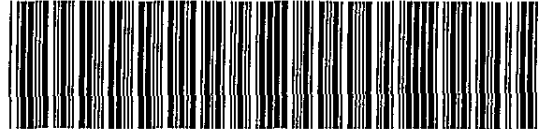
(Document Number)

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2005 MAR 30 P 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

TRANSMITTAL LETTER

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

SUBJECT: A. Blau, L.M.T., 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: Anna K. Blau

Name (Printed or typed)

12850 W. State Road 84, #13-4

Address

Davie, Florida 33325

City, State & Zip

(954) 873-1087

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)

ARTICLE I NAME

The name of the corporation shall be:

A. Blau, L.M.T., Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

12850 W. State Road 84, #13-4

Davie, FL 33325

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To start a new business.

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):

Anna Blau

12850 W. State Road 84, #13-4

Davie, FL 33325

ARTICLE VI REGISTERED AGENT

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

Anna Blau

12850 W. State Road 84, #13-4

Davie, FL 33325

ARTICLE VII INCORPORATOR

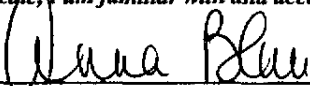
The name and address of the Incorporator is:

Anna Blau

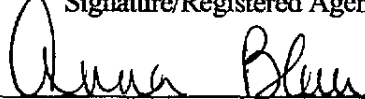
12850 W. State Road 84, #13-4

Davie, FL 33325

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



Signature/Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date



Date