

P05000141659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

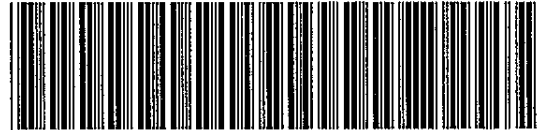
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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200
10/17

COVER LETTER

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

SUBJECT: M. Steinberg Enterprises 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Mitchell Steinberg
Name (Printed or typed)

5302 Sapphire Valley
Address

Boca Raton, FL 33486
City, State & Zip

561-376-9725
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:

M. Steinberg Enterprises Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5302 Sapphire Valley,
Boca Raton, Fl 33486

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business Ventures

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Mitchell Steinberg Pres
5302 Sapphire Valley
Boca Raton, Fl 33486

ARTICLE VI REGISTERED AGENT

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

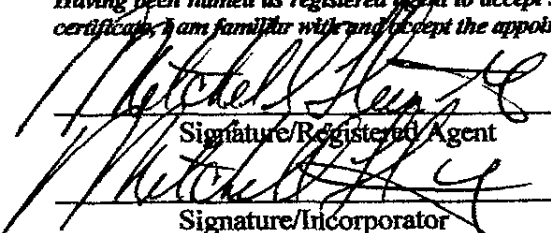
Mitchell Steinberg
5302 Sapphire Valley
Boca Raton, FL 33486

ARTICLE VII INCORPORATOR

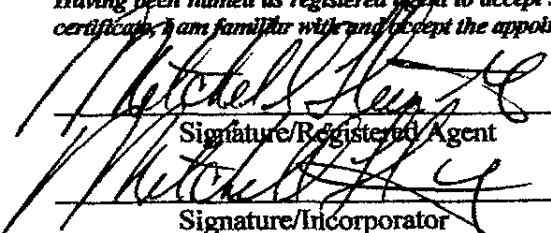
The name and address of the Incorporator is:

Mitchell Steinberg
5302 Sapphire Valley
Boca Raton, Fl 33486

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

10-15-05
Date

10-15-05
Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA