

PO6000008963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

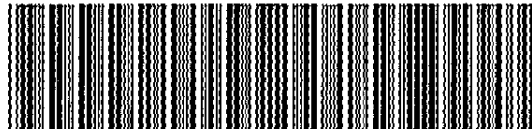
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2006 JAN 17 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

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

**SUBJECT:** The Law Office of Robert A. Mogle, P.A.

**(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:** Robert A. Mogle

Name (Printed or typed)

1580 Sawgrass Corporate Parkway, Suite 130

Address

Sunrise, Florida 33323

City, State & Zip

(954)315-4589

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)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be:

The Law Office of Robert A. Mogle, P.A.

2006 JAN 17 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1580 Sawgrass Corporate Parkway, Suite 130  
Sunrise, Florida 33323

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To Provide legal and ancillary services.

**ARTICLE IV SHARES**

The number of shares of stock is:

One hundred

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Robert Andrew Mogle, Director  
1580 Sawgrass Corporate Parkway, Suite 130  
Sunrise, FL 33323

**ARTICLE VI REGISTERED AGENT**

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

Robert Andrew Mogle  
1580 Sawgrass Corporate Parkway, Suite 130  
Sunrise, FL 33323

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Robert Andrew Mogle  
1580 Sawgrass Corporate Parkway, Suite 130  
Sunrise, FL 33323

\*\*\*\*\*

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

*Robert A. Mogle*

Signature/Registered Agent

*Robert A. Mogle*

Signature/Incorporator

*01-11-06*

Date

*01-11-06*

Date