

(Requestor's Name)				
(Ac	ldress)			
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(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Do	ocument Number)		
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SECRETARY OF STATE

COVER LETTER

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

SUBJECT: Emp	oathic Partners, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	iginal and one (1) copy of the artic	cles of incorporation and	d a check for:
□ # 7 0.00	D 070 75	[7] #30.35	D 697.50
\$70.00	\$78.75	\$78.75	☐ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	OPY REQUIRED
			<u></u>
EDOM: D	Daniel Clark		
PROM	Name	(Printed or typed)	
	605 Belvedere Rd., Suite 6	3	
		Address	
	West Palm Beach, FL 3340)5	
	City,	State & Zip	
	5 04 000 0040		
	561 820-9219		
	Doutime T	alanhona numbar	

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:

Empathic Partners, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1408 N. Killian Drive, Suite 208 Lake Park, FL 33403

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful enterprise.

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Noel Neu - President 1408 N. Killian Drive, Suite 208 Lake Park, FL 33403

ARTICLE VI REGISTERED AGENT

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

Noel Neu 1408 N. Killian Drive, Suite 208 Lake Park, FL 33403

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Noel Neu

1408 N. Killian Drive, Suite 208

Lake Park, FL 33403

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I amfamiliar with and accept the appointment as registered agent and agree to act in this capacity

| OS | O7 |
| Date

Signature/Incorporator

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