

007000112540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

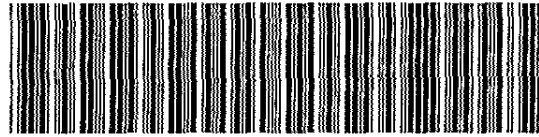
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2007

MICHELLE HOFKIN
4650 HAMMOCK CIRCLE
DELRAY BEACH, FL 33445

SUBJECT: MICHELLE HOFKIN, P.A.
Ref. Number: W07000048800

We have received your document for MICHELLE HOFKIN, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II
New Filing Section

Letter Number: 207A00057633

COVER LETTER

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

SUBJECT: MICHELLE HOFKIN, 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: MICHELLE HOFKIN
Name (Printed or typed)

4650 HAMMOCK CIRCLE
Address

DELRAY BEACH, FLORIDA 33445
City, State & Zip

561-927-7962
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:

MICHELLE HOFKIN, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4650 HAMMOCK CIRCLE
DELRAY BEACH, FLORIDA 33445

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LEGAL SERVICES, ATTORNEY AT LAW

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):

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

MICHELLE HOFKIN
4650 HAMMOCK CIRCLE
DELRAY BEACH, FLORIDA 33445

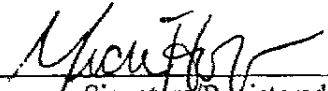
ARTICLE VII INCORPORATOR

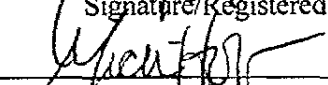
The **name and address** of the Incorporator is:

MICHELLE HOFKIN
4650 HAMMOCK CIRCLE
DELRAY BEACH, FLORIDA 33445

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TALLAHASSEE, FLORIDA

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

10/8/07
Date
10/8/07
Date