

PO000078763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

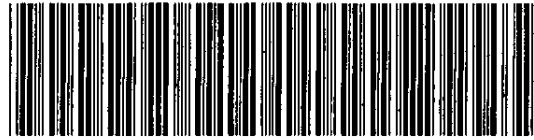
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20

COVER LETTER

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

SUBJECT: CHRISTOPHER L. LIGMAN, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: CHRISTOPHER LIGMAN _____
Name (Printed or typed)

7241 S.W. 168TH STREET, SUITE A _____
Address

MIAMI, FL 33157 _____
City, State & Zip

(305)255-1144 ext 103 _____
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:

CHRISTOPHER L. LIGMAN, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

7241 S.W. 168TH STREET
SUITE A
MIAMI, FL 33157

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE PRACTICE OF 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):

President, Vice President, Treasurer, Secretary.
Christopher L. Ligman
7241 S.W. 168th Street
Suite A
Miami FL 33157

ARTICLE VI REGISTERED AGENT

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

JOSEPH W. LIGMAN
7241 S.W. 168th Street
Suite A
Miami FL 33157

ARTICLE VII INCORPORATOR

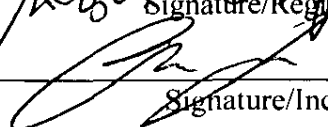
The name and address of the Incorporator is:

Christopher L. Ligman
7241 S.W. 168th Street
Suite A
Miami FL 33157

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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08 AUG 25 AM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/20/08

Date

8/20/08

Date