

P08000083727

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐

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(Business Entity Name)

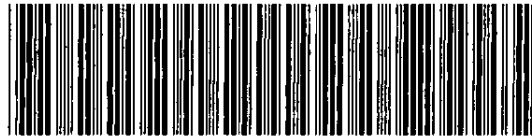
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11-9-11

CHECK ENCLOSED

## COVER LETTER

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

**SUBJECT:** JASON ELOWITZ ASSOCIATES 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  
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:** JASON ELOWITZ

Name (Printed or typed)

19723 BRICKEL POINT DRIVE

Address

BOCA RATON FLORIDA 33498

City, State & Zip

561-716-0804

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 3, 2008

JASON ELOWITZ  
19723 BRICKEL POINT DR.  
BOCA RATON, FL 33498

SUBJECT: JASON ELOWITZ  
Ref. Number: W08000040903

We have received your document for JASON ELOWITZ 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 corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
New Filing Section

Letter Number: 208A00048524

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NOTED/NOT 0877-02-00-0000

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Name (Printed or typed)

19723 BRICKEL POINT DRIVE

Address

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City, State & Zip

561-716-0804

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

2008 SEP 10 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

JASON ELOWITZ ASSOCIATES, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

19723 BRICKEL POINT DRIVE  
BOCA RATON FL 33498

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SPECIALIST IN LEARNING DISABILITIES

**ARTICLE IV SHARES**

The number of shares of stock is:

200

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

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

JASON ELOWITZ-19723 BRICKEL POINT DRIVE BOCA RATON FL. 33498-PRESIDENT  
CHELSEA CALLINAN-19723 BRICKEL POINT DRIVE BOCA RATON FL. 33498-VICE-PRESIDENT  
LESLIE ELOWITZ-19723 BRICKEL POINT DRIVE BOCA RATON FL. 33498-SECTY, TRES

**ARTICLE VI REGISTERED AGENT**

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

LESLIE ELOWITZ-19723 BRICKEL POINT DRIVE BOCA RATON FL. 33498

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JASON ELOWITZ-19723 BRICKEL POINT DRIVE BOCA RATON FL. 33498

\*\*\*\*\*

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

9/8/08

Date

9/8/08

Date