

P09000068480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

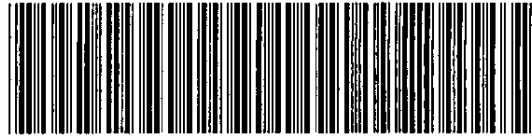
(Business Entity Name)

(Document Number)

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AM 11:39

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W09000035438

NR  
8-14-09

## COVER LETTER

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

**SUBJECT:** Leo Goldman, 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:** Leo Goldman  
Name (Printed or typed)

601 University Boulevard, suite 105

Address

Jupiter, FL 33458

City, State & Zip

347-438-5455

Daytime Telephone number

leogold@live.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2009

LEO GOLDMAN  
601 UNIVERSITY BOULEVARD, SUITE 105  
JUPITER, FL 33458

SUBJECT: LEO GOLDMAN, P.A.  
Ref. Number: W09000035438

We have received your document for LEO GOLDMAN, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

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) 245-6869.

Christine Haney  
OPS Clerk  
New Filing Section

Letter Number: 609A00026692

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DEPARTMENT OF STATE  
09 AUG 13 PM 2:05

## 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: Leo Goldman, P.A.

### **ARTICLE II PRINCIPAL OFFICE**

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

601 University Boulevard, suite 105  
Jupiter, FL 33458

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Tax and accounting.

### **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):

Leo Goldman, Director.  
601 University Boulevard, suite 105  
Jupiter, FL 33458

### **ARTICLE VI REGISTERED AGENT**

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

Leo Goldman  
601 University Boulevard, suite 105  
Jupiter, FL 33458

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Leo Goldman, Director.  
601 University Boulevard, suite 105  
Jupiter, FL 33458

\*\*\*\*\*  
*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

FILED  
09 AUG 13 AM 11:39  
CLERK OF CIRCUIT COURT  
JUPITER, FL 33458

8/10/09  
\_\_\_\_\_  
Date

8/10/09  
\_\_\_\_\_  
Date