

PO9000095390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

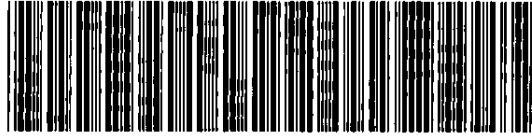
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Pete GAVE
AUTHORIZATION BY PHONE TO
CORRECT *to Endors*
DATE *11-23-09*
DOC. EXAM *SI*

Office Use Only



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10/13/09--01028--019 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 NOV 20 PM 12: 01

FILED

J. Shivers NOV 23 2009
609-45546
505



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2009

PETER A. BROMBERG
904 CRESCENT PKWY
DELAND, FL 32724

SUBJECT: PETER A. BROMBERG L.L.C.
Ref. Number: W09000045949

We have received your document for PETER A. BROMBERG L.L.C. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

An effective date may be added to the Articles of Incorporation **if a 2010 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

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) 245-6929.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 709A00033050

COVER LETTER

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

SUBJECT: PETER A. BROMBERG L.L.C.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED			

FROM: PETER A. BROMBERG
Name (Printed or typed)

904 CRESCENT PKWY
Address

DELAND, FL. 32724
City, State & Zip

386 747 6655
Daytime Telephone number

pbromberg@yahoo.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2009 NOV 20 PM 12: 01

FILED

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:

PETER A. BROMBERG, INC.

ARTICLE II PRINCIPAL OFFICE

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

904 CRESCENT PKWY
DELAND, FL 32724

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR PROFIT BUSINESS

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):

[904 CRESCENT PKWY DELAND, FL 32724]	PETER A. BROMBERG	PRESIDENT
	PETER A. BROMBERG	VICE PRESIDENT
	PETER A. BROMBERG	SECY / TREASURER

ARTICLE VI REGISTERED AGENT

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

BONNIE CARTER
904 CRESCENT PKWY
DELAND, FL 32724

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PETER BROMBERG
904 CRESCENT PKWY
DELAND, FL 32724


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

12-8-09

Date



Signature/Incorporator

10-8-09

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA