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cm) III

COVER LETTER

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

SUBJECT: Law Office of George M. Ackerman, P.A. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	<u>.UDE SUFFIX</u>)		
Enclosed are an original and one (1) copy of the artic	eles of incorporation and	d a check for:		
\$70.00 \$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: George M. Ackerman, Esq. Name (Printed or typed)				
500 GREYNOLDS CIRCLE	ddress	 		
LANTANA, FLORIDA 33462 City, S	State & Zip			
561-371-2616 Daytime Telephone number				
georgeackermanid@aol.com E-mail address: (to be used for future annual report notification)				

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 Law Office of Geor	ge M. Ackerman, P.A.		
	corporation shall be:			
ARTICLE II	PRINCIPAL OFFICE			
	Princinal street address 500 GREYNOLDS CIRCLE LANTANA, FLORIDA 33462	Mailing add	dress, if different is:	
ARTICLE III	PURPOSE		· · · · · · · · · · · · · · · · · · ·	
The purpose for	which the corporation is organized is:		··1	
	SHARES 100		FILED 10 NOV 16 PH 4: SECRETARY OF STALLAHASSEE, FLO	
ARTICLE V	INITIAL OFFICERS AND/OR DIRE	CTORS	: 20 TATE ORID	
Name and Address:	TitleGeorge Ackerman. Esg.	Name and Title: Address:	Om 0	
Name and Address:	Title:	Address:		
Name and Address:	Title:			
ARTICIE VI	REGISTERED AGENT			
	lorida street address (P.O. Box NOT accept	able) of the registered agent is:		
Name: Address:	George Ackerman, Esq. 500 GREYNOLDS CIRCLE LANTANA, FLORIDA, 3346	5		
ARTICLE VII	INCORPORATOR			
The <u>name and a</u>	ddress of the Incorporator is:			
Name: Address:	George Ackerman, Esq. 500 GREYNOLDS CIRCLE LANTANA, ELQRIDA, 3346	2		
	med as registered agent to accept service of am familiar with and accept the appointmen Required Signature/Registered Age	t as registered agent and agree to act	in this capacity	
	Required Signature/Registered Age	ent		
	cument and affirm that the facts stated her Department of State constitutes a third degre			
	Required Signature/Incorporato	r	11/10/18 Date	