

PI1000069977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Special Instructions to Filing Officer:

W11-39261

Office Use Only



600209947806

07/25/11--01035--017 **78.75

11 AUG -3 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

1/4

COVER LETTER

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

SUBJECT: Lawrence S. Lieberman 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: Lawrence S. Lieberman

Name (Printed or typed)

1348 Benevolent St

Address

Maitland FL 32751

City, State & Zip

407-965-1248

Daytime Telephone number

lawrence@lieberman4.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

July 26, 2011

LAWRENCE S. LIEBERMAN
1348 BENEVOLENT ST
MAITLAND, FL 32751

SUBJECT: LAWRENCE S. LIEBERMAN P.A.
Ref. Number: W11000039261

We have received your document for LAWRENCE S. LIEBERMAN 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 specific business purpose of the professional association must be stated in the document.

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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 211A00017669

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Lawrence S. Lieberman P.A.

17 AUG -3 PM 12:51

ARTICLE II PRINCIPAL OFFICE

Principal street address
1348 Benevolent St
Maitland, FL 32751

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different from principal office address is _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Professional Medical Consulting

ARTICLE IV SHARES

The number of shares of stock is: One Hundred (100)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Lawrence S. Lieberman</u>	Name and Title: <u>President</u>
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Lawrence S. Lieberman
Address: 1348 Benevolent St
Maitland FL 32751

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lawrence S. Lieberman
Address: 1348 Benevolent St
Maitland FL 32751

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



Required Signature/Registered Agent

07/20/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

07/20/2011

Date