

P/1000091311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

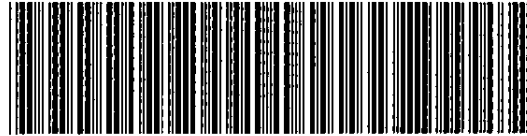
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 OCT 17 AM 11:21

K 10/19/11

COVER LETTER

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

SUBJECT: Ellen B. Dorfman, 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: Ellen Dorfman

Name (Printed or typed)

6356 Lansdowne Circle

Address

Boynton Beach, Florida 33472

City, State & Zip

561-809-0606

Daytime Telephone number

gael1990@aol.com

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

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

**Ellen B. Dorfman, P.A.
6356 Lansdowne Circle
Boynton Beach, FL 33472
561-809-0606**

To Whom It May Concern:

I am the owner of Ellen B. Dorfman, P.A. I have no intentions of reinstating that entity.

Thank you


Ellen Dorfman

11 OCT 17 AM 11:21
TALLAHASSEE, FLORIDA

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: Ellen B. Dorfman, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6356 Lansdowne Circle
Boynton Beach, FL 33472

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Engage in the practice of law.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Ellen Dorfman, Director</u>	Name and Title: _____
Address: <u>6356 Lansdowne Circle</u>	Address: _____
<u>Boynton Beach, FL 33472</u>	_____

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: Ellen Dorfman
Address: 6356 Lansdowne Circle
Boynton Beach, FL 33472

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ellen Dorfman
Address: 6356 Lansdowne Circle
Boynton Beach, FL 33472

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

10/12/11
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

10/12/11
Date

FILED
OCT 17 2011
TALLAHASSEE, FLORIDA