

711000104016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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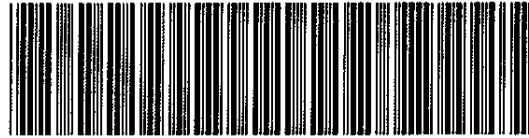
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. Shivers DEC 07 2011

COVER LETTER

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

SUBJECT: ROBERT J FARB 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: ROBERT J. FARB
Name (Printed or typed)

3200 PORT ROYALE DRIVE NORTH
Address

FORT LAUDERDALE, FL. 33308
City, State & Zip

954-558-6238
Daytime Telephone number

B FARB @ BELLSouth.NET
E-mail address: (to be used for future annual report notification)

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



Commercial Real Estate Services, Worldwide.

5300 North Federal Highway
Fort Lauderdale, FL 33308-3205

954/771-4400
Fax 954/771-4537
www.rwnk.com

OFFICERS AND
SHAREHOLDERS
George W. Weaver
Lloyd C. Norfleet
Kenneth L. Kurtz

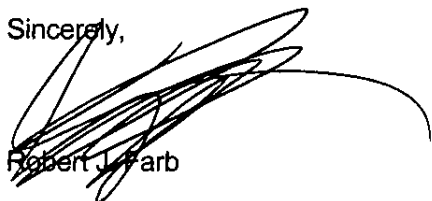
Article VIII

To Whom it may concern:

I have no intentions of re-instating Robert J. Farb P.A. with document # P04000144121.
I release that name for immediate use.

The effective date for the above named corporation will be January 1, 2012.

Sincerely,



Robert J. Farb

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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: ROBERT J. FARB P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3200 Port Royale Dr. North
#1904
Fort Lauderdale, Florida 33308

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Commercial Real Estate Brokerage

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Robert J. Farb</u>	Name and Title: _____
Address: <u>3200 Port Royale Dr. N.</u>	Address: _____
<u>#1904</u>	_____
<u>Ft. Lauderdale, FL. 33308</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: Robert J. Farb
Address: 3200 Port Royale Dr. N. #1904
Ft. Lauderdale, FL. 33308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBERT J. FARB
Address: 3200 PORT ROYALE DR. NORTH #1904
Fort Lauderdale, FL. 33308

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

12/11/11
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

12/11/11
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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