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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 20 PM 1:23

Ps 1/23/12

COVER LETTER

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

SUBJECT: LORI FEIN, 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: LORI FEIN
Name (Printed or typed)

3525 MAGELLAN CIR 602
Address

Aventura FL 33180
City, State & Zip

305-336-1272
Daytime Telephone number

LORI @ FEINREALTOR.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)

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SECRETARY OF STATE
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ARTICLE I NAME

The name of the corporation shall be: LORI FEIN PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

3525 Magellan Cir 622
Aventura FL 33180

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real estate sales

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lori Fein P
Address: 3525 Magellan Cir 622
Aventura FL 33180

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Lori Fein
Address: 3525 Magellan Cir 622
Aventura FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lori Fein
Address: 3525 Magellan Cir 622
Aventura FL 33180

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

Lori Fein

Required Signature/Registered Agent

1/15/12
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.

Lori Fein

Required Signature/Incorporator

1/15/12
Date