

Division JAN. 30. 2012 3:07 PM

CAPITAL CONNECTION

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
JAFFE GLENN LAW GROUP, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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JAN. 30. 2012 3:01PM

CAPITAL CONNECTION

NO. 8731 P. 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JAN 30 AM 11:08

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: **JAFFE GLENN LAW GROUP, P.A.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
12000 BISCAYNE BLVD.
SUITE 707
NORTH MIAMI FL 33181

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LEGAL BUSINESS. CORPORATION WILL OWN AND OPERATE A LAW FIRM, AND WILL PROVIDE LEGAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **ANDREW GLENN, PRES.**

Address: **2006 S. HIBISCUS DRIVE**
NORTH MIAMI FL 33181

Name and Title:

Address:

Name and Title: **ANDREW GLENN, VICE PRES.**

Address: **2006 S. HIBISCUS DRIVE**
NORTH MIAMI FL 33181

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:

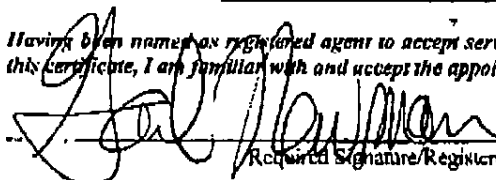
Name: **GAIL NEWMAN**
Address: **9811 CHANTILLY POINTE LANE**
LAKE WORTH FL 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **ANDREW GLENN**
Address: **2006 S. HIBISCUS DRIVE**
NORTH MIAMI FL 33181

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

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

Date