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| Certified Copies | Certificate | s of Status | |
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| Special Instructions to | | | |
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Office Use Only



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COVER LETTER

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

| SUBJECT: Eric S. One (PROPOSED CORPORAT | P. A. | | | |
|---|---|--|--|--|
| (PROPOSED CORPORAT | E NAME – MUST INCLUDE SUFFIX) | | | |
| Enclosed are an original and one (1) copy of the article | les of incorporation and a check for: | | | |
| \$70.00 \$78.75 Filing Fee & Certificate of Status is an file. A coor of the check | \$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED | | | |
| | | | | |
| FROM: Frice S. Orner Name (Printed or typed) | | | | |
| 2000 Glades | Road Suite # 312 | | | |
| Boen Raton City, S | FL 33431 State & Zip | | | |
| 561-347-1336 Daytime Telephone number | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |

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



May 15, 2012

ERIC S. ORNER 2000 GLADES RD #312 BOCA RATON, FL 33496

SUBJECT: ERIC S. ORNER, P.A. Ref. Number: W12000026901

We have received your document for ERIC S. ORNER, 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 document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

You must list at least one incorporator with a complete business street address.

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) 245-6052.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 012A00014384

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

| The name of the corpo | AME oration shall be: Eric S. Orn | مر, P. A. | |
|-------------------------------------|---|----------------------|---|
| | RINCIPAL OFFICE | , | |
| | | М | ailing address, if different is: |
| 2 | Principal street address | ×312 | |
| <u> 6</u> | Raton, FL 33431 | | |
| | | | |
| ARTICLE III PU | | | ALI 21 |
| The purpose for which | th the corporation is organized is: | | CRE . |
| <i>'\</i> | w practice | | 72 日 |
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| ARTICLE IV S | | | 三 2 |
| The number of shares | of stock is: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | ₹m o |
| | VITIAL OFFICERS AND/OR DIRECTOR | | |
| | Eric S. Omer President | | |
| Address: | Boxa Robon, FL 33431 | | |
| | | - - | |
| Name and Title | : | Nome and Title | |
| Address: | | | |
| | | | |
| | | - | |
| Name and Title | : | Name and Title: | |
| Address: | | Address: | |
| | | - | |
| | | | |
| | <u>EGISTERED AGENT</u> | | |
| The <u>name and Florid</u> Name: | a street address (P.O. Box NOT acceptable) of | the registered agent | is: |
| Address: | S. Hours Orner 2000 Glades Road Su | The # 312 | |
| | Box a Raton, FL 334 | 31 | |
| ARTICLE VII IN | VCORPORATOR | | |
| | ss of the Incorporator is: | | |
| Name: | Eric S. Orner | <u>.</u> | |
| Address: | | when #31= | 2. |
| | Box Haton, Fr 33 | şu 31 | |
| Having been named | as registered agent to accept service of process | for the above state | ed corporation at the place designated in |
| this certificate, July | amiliar with and accept the appointment as regi | istered agent and ag | gree to act in this capacity |
| 111 | res /// | | 5/10/12 |
| | Required Signature/Registered Agent | | Date |
| | | | / Dipt |
| I submit this docume | ent and affirm that the facts stated herein are | true. I am aware t | hat the false information submitted in a |
| uocument to the Depa | artment of State constitutes of third degree felony | as provided for in . | S.81 /,133, F.S. |
| //_ | | · | 5110112 |
| | Required Signature/Incorporator | _ | Date |