

Florida Department of State

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FLORIDA PROFIT/NON PROFIT CORPORATION KIM R. GREENBERG, P.A.

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Corporate Filing Menu

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A8754775876. 1564	JM R. GREENBERG PA (18506176381)	FEDEX OF	FICE, 0871	4 13:10 07/27/12 EST Pg 2
	(((H12	00019206	9 3)))	FILED
	ARTICLES O In compliance with Chapter	F INCORPORA		• • —
a umadebbi ana ur dela ur	,	OV And/OF Chapt	er 62), 31,3. (FIORE)	12 JUL 27 AM 9: 29
ARTICLE I The name of the c	NAME orporation shall be: KIM R. GREENI	BERG, P.A.		STORTER OF STATE
ARTICLE II	PRINCIPAL OFFICE			TALAHASSE, FLANIN
	Principal street address 4045 Sheridan Avenue, Suite 239	_	Mailing add	ress, if different is:
	Miami Beach, FL 33140	·		
ARTICLE III		_		
	which the corporation is organized is:This e and aspect of rendering legal service			
d (2) doing everything	necessary or appropriate and proper	for the accompli	shment of this pro	fessional corporation's business,
	ation with other firms, persons or entiti			
	ers of this professional corporation and dessional corporations organized to pr			
	s or is hereafter amended). SHARES	OFMO IOSOI SGIF	loss midel the big	Misions of Onaple GET, Franca
	SHARES ares of stock is: 200.		i	
ARTICLE V	INITIAL OFFICER'S AND/OR DIRI Title: Kim Greenberg - President		nd Title:	
Address:	4045 Sheridan Avenue, Sui	te 239 Address	3:	
	Miami Beach, FL 33140			
	Fitle: Kim Greenberg - Secretary			
Name and 1 Address:	4045 Sheridan Avenue, Sui	te 239 Address		
Address:	Miami Beach, FL 33140	re 200 Appress	s: ——	
		· · · · · · · · · · · · · · · · · · ·		***************************************
Name and T	ritte: Kim Greenberg - Treasurer	Voina a	nd Title:	
Address:	4045 Sheridan Avenue, Suit	e 239 Address		
	Miami Beach, FL 33140			
ARTICLE VI	REGISTERED AGENT			
The <u>name and Fk</u>	orida street address (P.O. Box NOT accep-	table) of the registe	ered agent is:	
Name:	Kim Greenberg			
Address:	4045 Sheridan Avenue, Sub Miami Beach, Fi. 33140	@_239_ 		
ARTICLE VII	INCORPORATOR		i	
	dress of the incorporator is:			
Name: Address:	Kim Greenberg 4045 Sheridan Avenue, Suite 2	39		
naaress.	Miami Beach, FL 33140			
Havino been nam	ad as registered agent to accept service of	nracess for the a	have stated corners	tion of the place designated to
this vertificate, I a	m familiar sife and accept the appointment	n as registered age	int and agree to act i	n this capacity
	MK. Vo.		, , ,	
	fflat fulling			7-27-12
	Required Signature/Registered Agr	ef\$1	!	h

Signature/Incorporator

T-27-12

Date

I submit this document and affirm therethe 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 \$.817.155, F.S.