

P12000090390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

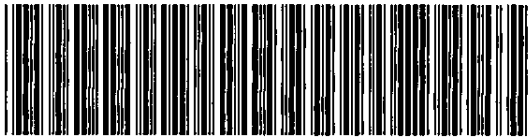
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100241061881

10/25/12--01019--007 \*\*70.00

12 OCT 25 PM 2:42

100241061881

10/26

**COVER LETTER**

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

**SUBJECT: Benjamin Litke Professional Association**  
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Benjamin Litke  
Name (Printed or typed)

1748 Oak View Drive  
Address

Sarasota, Florida. 34232  
City, State & Zip

941-378-2585  
Daytime Telephone number

chownroadbl@yahoo.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)

**ARTICLE I NAME**

The name of the corporation shall be: Benjamin Litke Professional Association

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1748 Oak View Drive  
Sarasota, Florida. 34232

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
For profit Real Estate professional association.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Benjamin Litke, President Name and Title: \_\_\_\_\_  
Address: 1748 Oak View Drive Address: \_\_\_\_\_  
Sarasota, Florida 34232 \_\_\_\_\_

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:

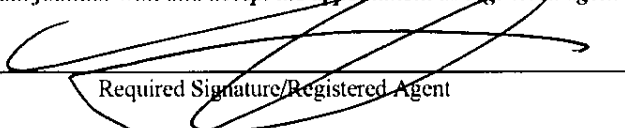
Name: Mathew J. Thompson  
Address: ~~1236 Bonita Lane~~ 1236 N. Tamiami Tr., Suite 302  
Sarasota, Florida ~~34230~~ 34236

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Benjamin Litke  
Address: 1748 Oak View Drive  
Sarasota, Florida. 34232

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

10/19/2012  
\_\_\_\_\_  
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

10/19/2012  
\_\_\_\_\_  
Date

12 OCT 25 PM 2:02