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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

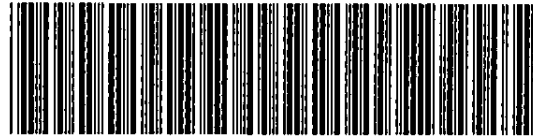
(Business Entity Name)

(Document Number)

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

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
11/6/12

## COVER LETTER

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

SUBJECT: S I Gordon & Company, PA  
(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: Steven Gordon  
Name (Printed or typed)  
4600 W. Commercial Blvd. Ste. 5  
Address  
Tamarac, FL 33319  
City, State & Zip  
954-485-5788  
Daytime Telephone number  
sgordon@stevengordoncpa.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: S I Gordon & Company, PA

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
4600 W. Commercial Blvd. #5  
Tamarac, FL 33319

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Certified Public Accountant

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Steven I. Gordon, President  
Address: 4600 W. Commercial Blvd. #5  
Tamarac, FL 33319

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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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: Steven Gordon  
Address: 4600 W. Commercial Blvd. #5  
Tamarac, FL 33319

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Steven Gordon  
Address: 4600 W. Commercial Blvd. #5  
Tamarac, FL 33319

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

10/30/12  
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.

  
Required Signature/Incorporator

10/30/12  
Date

FILED  
12 NOV -5 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399