PD000100920

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/Otate/Elp/r Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:
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1,200
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Office Use Only



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12/10/12--01022--003 **70.00

TO DEC TO PH 3: 58

IAH

COVER LETTER

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

SUBJECT: Eliz	abeth A. Peskin,	P.A.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation an	d a check for:
■ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
	lizabeth A. Peski Name I1 East 6th Aven	(Printed or typed)	·
		Address	····
Та	allahassee, Floric		
85	50-320-4900	State & Zip	
	Daytime To	elephone number	
ea	patty24@gmail.c	om	
	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 Fineboth A Dool	Istaa ID A	FILED
The name of the c	orporation shall be: Elizabeth A. Pesk	Kin, P.A.	12 DEC 10 PM 3: 50
ARTICLE II	PRINCIPAL OFFICE		12 10 10 10 00 00
	Principal street address	1	Mailing address if different is:
•	241 East 6th Avenue		ALANCES E
	Tellahassee, Florida 32303		THE MINDOIL, PLINARY,
A DOMEST EN THE	DETERMINE		
ARTICLE III	PURPOSE thich the corporation is organized is: to provide	logal capilac	,
The purpose for v	men the corporation is organized is: to provide	e legal selvice	5.
•			
ARTICLE IV	SHARES 1		
The number of sha	res of stock is:		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	e	
	tje: Elizabeth A. Peskin		
Address:	241 East 6th Avenue	6 alaba a a a a	
	Tallahassee, Florida 32303	_ / (00/00).	
		-	
		-	
Name and Ti	tle:	Name and Title:	
Address:			
		<u>.</u> _	
	ile;	Name and Title:	
Address:		_ Address: _	
		· , ",,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		-	
ARTICLE VI	REGISTERED AGENT		•
he name and Flor	ida street address (P.O. Box NOT acceptable) of	the registered ager	nt is:
Name:	Elizabeth A. Peskin		
Address:	241 East 6th Avenue		
	Tellahassee, Florida 32303		
	INCORPORATOR		
	ress of the Incorporator is:	·	·
Name:	Elizabeth A. Peskin		
Address:	241 East 6th Avenue		
	Tallehassee, Florida 32303		
Iovina heen name	d as registered agent to accept service of process	for the above state	ed corneration at the place designated in
is certificate. I an	familiar with and accept the appointment as regi	jor inc above sidio Istered agent and a	paree to act in this canacity
10.60	. / .	orerea agent ana a	Sie to act in this capacity
$A \cup A \cup$	M		
00000	Description of the manual American		12-11-12
	Required Signature/Registered Agent		Date
submit this docum	nent and affirm that the facts stated herein are t	rue I am oware t	hat the false information submitted in a
	partment of State constitutes a third degree felony		
1/1, 100	. / .	in province joi in	المناع والالا المناه والالا المناه والالا المناه والالا المناه والمناه والمناع
WYNIA	<u>k</u>		40.44.40
	Required Signature/Incorporator		12-11-12 Date
	reduted piguratoration horator .		Date