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(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Effity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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T. Burch JAN 8 2013

COVER LETTER

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

SUBJECT: Justin	Jacobson, P.A.	TE NAME – <u>MUST INCL</u>	IINE CHEETY)
	(PROPOSED CORPOR	TE NAME - MOST INCL	ODE SOFFIA)
Enclosed are an orig	inal and one (1) copy of the an	ticles of incorporation and	d 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	
		e (Printed or typed)	
303	30 North Rocky Point Drive	Address	
Tar	npa, Florida 33607		
	City	, State & Zip	
727	7.798.1044		
	Daytime	Telephone number	
<u>just</u>	tin_jacobson@ymail.com		
	E-mail address: (to be use	ed for future annual report	nouncation)

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: Justin Jacobson, P.A.					
ARTICLE II PRINCIPAL OFFICE Principal street address 3030 N. Hocky Point Drive Suite 150 Tampa, Florida 33607	M	Mailing address, if different is:			
ARTICLE III PURPOSE					
The purpose for which the corporation is organized is: law practic	е		": 7.		
ARTICLE IV SHARES The number of shares of stock is: 100		TALLAHASSEE, F	FILED 13 JAN-7 PH		
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	3	7.7 7.7 7.7 7.7	<u> </u>		
Name and Title:Address:	Name and Title:_ Address:				
Name and Title: Address:	Name and Title:_Address:				
Name and Title:Address:		•			
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of Name: Address: 3030 N. Rocky Point Dr., Ste. 150 Tampa, Florida 33607	the registered agen	ıt is:			
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:		•			
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as regi	for the above state stered agent and a	ed corporation at the gree to act in this cap	place designated in vacity		
Required Signature/Registered Agent		!/	Date 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.					
		1	6.10		

Required Signature/Incorporator