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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

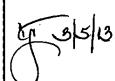


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SECRETARY OF STATE
DIVISION OF CORPORATIONS



COVER LETTER

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

Tallallassee, FL 323	,1 4		
SUBJECT: JOS	eph Berkowitz, P	A te name – <u>must incl</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	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 PY REQUIRED
FROM: Y	osef Berkowitz		
32	200 Collins Ave A	(Printed or typed) Apt 42 Address	
			•

Miami Beach, FI 33140

248-252-1426

NOTE: Please provide the original and one copy of the articles.

City, State & Zip

Daytime Telephone number

yosefberkowitz@gmail.com

E-mail address: (to be used for future annual report notification)

13 MAR -4 PM 2: 53

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	In compliance with Chapter 607 an	d/or Chapter 621, F.S. (Profit)
ARTICLE I N	NAME oration shall be: Joseph Berkowitz	d/or Chapter 621, F.S. (Profit) SECRETARY OF STA DIVISION OF CORPORAT
	RINCIPAL OFFICE Principal street address	13 MAR -4 PM 2: 5
Miami Beac		
ARTICLE III PI	URPOSE th the corporation is organized is:	nce adjusting
	NITIAL OFFICERS AND/OR DIRECTO	
Name and T	3200 Collins Ave #42	Name and Title:
Address	Miami Beach Fl 33140	Address:
Name and Ti	itle:	Name and Title:
Address		Address:
Name and Ti	itle:	Name and Title:
Address		
Addless		Address:

Name and	d Title:	Name and Title:	
. Address		Address:	
A DOVOL DATE		<u>.</u>	
ARTICLE VI The name and Fl	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Joseph Berkowitz		
Address:	3200 Collins Ave #42		
	Miami Beach Fl 33140		4
ARTICLE VII	INCORPORATOR		SECRETATION OF
The name and ad	dress of the Incorporator is:		# (3) # (3) # (3) # (3)
Name:	Joseph Berkowitz	_	PR SEPTE
Address:	3200 Collins Ave #42		LEO Y OF STATE YORPORATIO
	Miami Beach FI 33140		NS SNO
	ned as registered agent to accept service of proce am familiar with and accept the appointment as r		
	JE .		02/28/2013
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein ar Department of State constitutes a third degree felo		
	46		02/28/2015
	Required Signature/Incorporator		Date