## P130000071656

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
W13 13	<del>3950</del> -			

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SECRETARY OF STATE
NAMES SEE FLORID

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## **COVER LETTER**

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

<sub>subject:</sub> Rob	ert Auerbach P. /		
<del>"</del>	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	d a check for:
<b>□</b> \$70.00	<b>■</b> \$78.75	<b>\$78.75</b>	<b>□</b> \$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: R	obert Auerbach		
	Name	(Printed or typed)	
18	335 Harbor Pointe	e Circle	
	A	ddress	
<u> </u>	eston, FL 33327		
	•	State & Zip	
9	54-217-5945		
	Daytime Te	lephone number	

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

bobby@bobbyauerbach.com
E-mail address: (to be used for future annual report notification)



March 11, 2013

ROBERT AUERBACH 1835 HARBOR POINTE CIRCLE WESTON, FL 33327

SUBJECT: ROBERT AUERBACH P.A.

Ref. Number: W13000013950

We have received your document for ROBERT AUERBACH P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 613A00005706

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

e name of the corpora			
	tion shall be: Robert Auerbach F		13 MAR 25 PH 5: 53
RTICLE II PRI	NCIPAL OFFICE Principal street address	М	-
835 Harbor F	· <del></del>		ailin <b>SECREJA</b> 飛行で呼ばらてATL TALLAHASSEE FLORIDA
Veston, FL 3	3327	<del>17   3   3   3   3   3   3   3   3   3   </del>	
			1 - 3 - 70 - 70 - 3 - bri - 3 - bri
RTICLE III PUR	POSE he corporation is organized is: any law	ful busines:	s- roal act
	chons		<u> </u>
Transa	CILONS		
RTICLE IV SHA	RES 100		
e number of shares of	SLOCK IS.		
		o i	1
RTICLE V INI	TIAL OFFICERS AND/OR DIRECTOR	≥ D. ~ < \^	ent
Name and Title	Dobort Augustock (MYCORD)	TICSIU	<b>O</b> .
Address 1	Robert Auerbach, W	Name and Title:_	
Address	Robert Auerbach, 1835 Harbor Pointe Circle	Name and Title:	
Address	1835 Harbor Pointe Circle	Name and Title:_	
Address	Robert Auerbach, Marie	Name and Title:_	
Address	1835 Harbor Pointe Circle	Name and Title:_	
	1835 Harbor Pointe Circle Weston, FL 33327	Name and Title: Address:	
	1835 Harbor Pointe Circle	Name and Title: Address:	
	1835 Harbor Pointe Circle Weston, FL 33327	Name and Title: Address: Name and Title:_	
Name and Title	1835 Harbor Pointe Circle Weston, FL 33327	Name and Title: Address: Name and Title:_	
Name and Title	1835 Harbor Pointe Circle Weston, FL 33327	Name and Title: Address:  Name and Title: Address:	
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Name and Title Address Name and Title	1835 Harbor Pointe Circle Weston, FL 33327	Name and Title:_ Address:  Name and Title:_ Address:  Name and Title:_  Name and Title:_	

FILED

Name and	Title:	Name and Title:	13 MAR 25 PM 5: 54
Address		Address:	SECRETARY OF STATE TALLAHASSEE FLORIDA
	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) of Robert Auerbach	the registered agent is:	
Address:	1835 Harbor Pointe Circle		
	Weston, FL 33327		
	<u>INCORPORATOR</u>		
The name and add	lress of the Incorporator is:		
Name:	Robert Auerbach		
Address:	1835 Harbor Pointe Circle	•	
	Weston, FL 33327		
Having been name this certificate, I an	ed as registered agent to accept service of process in familiar with and accept the appointment as reg	for the above stated corporatistered agent and agree to act	ion at the place designated in in this capacity 2/27/2013
	Required Signature/Registered Agent		Date
	ment and affirm that the facts stated herein are t epartment of State constitutes a third degree felony		F.S.
16/4			2/27/2013
	Required Signature/Incorporator	<del></del>	Date