## P130006/830

	(Requestor's Name)
	(Address)
	(Address)
<del></del>	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:



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SECRETARY OF STATE

Office Use Only

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



SUBJECT: Robert O. Kahn, PA

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the an		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 CO	DPY REQUIRED

	Name (Printed or typed)
	**
16	655 Drexel Ave., #200
	Address
Mi	liami Beach, FL 33139
	City, State & Zip
30	05 672 0469
	Daytime Telephone number

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



July 9, 2013

ROBERT KAHN 1655 DREXEL AVE., #200 MIAMI BEACH, FL 33139

SUBJECT: ROBERT O. KAHN, PA Ref. Number: W13000038820

We have received your document for ROBERT O. KAHN, PA and your check(s) totaling \$70.00. 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.

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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 413A00016784

www.sunbiz.org

Division of Comparations DO DOV 6297 Tallahanna Florida 2921

Effective Date 0 7/0/2015 ARTICLES OF INCORPORATION

ARTICLES OF INCORPORATION

Chapter 621, F.S. (Profit)

ICLE II PI	RINCIPAL OFFICE Principal street address	1	Mailing addre	ess, if different is:	
5 Drexel Ave	e., #200			· · · · ·	
mi Beach; Fl	L 33139	·		<u>; -</u>	
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number of shares	of stock is: 100  NITIAL OFFICERS AND/OR DIREC  Sitle: Robert Kahn, President		:	ATE ORIDA	
number of shares	of stock is: 100  NITIAL OFFICERS AND/OR DIREC			TATE DRIDA	
TICLE V II  Name and T	of stock is: 100  NITIAL OFFICERS AND/OR DIREC  Sitle: Robert Kahn, President	Name and Title		TATE DRIDA	
TICLE V II  Name and T	of stock is: 100  NITIAL OFFICERS AND/OR DIRECT  Sitle: Robert Kahn, President  1655 Drexel Ave., #200	Name and Title		TATE DRIDA	
TICLE V II  Name and T  Address	of stock is: 100  NITIAL OFFICERS AND/OR DIRECT  Sitle: Robert Kahn, President  1655 Drexel Ave., #200	Name and Title Address:		TATE DRIDA	
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Name and Title:		Name and Title:		
Address		Address:		
		<u></u>		
ARTICLE VI	REGISTERED AGENT  lorida street address (P.O. Box NOT acceptable) of the	ne registered agent is:		
Name:	Robert Kahn	ne registered agent is:  CAETARY OF  LAHASSEE, F		
Address:	1655 Drexel Ave., #200	SET OF THE		
	Miami Beach, FL 33139	PH 3: 1: OF STATE		
ARTICLE VII	INCORPORATOR	RIDA		
The name and a	ddress of the Incorporator is:			
Name:	Robert Kahn			
Address:	1655 Drexel Ave., #200,			
	Miami Beach, FL 33139			
Having been nat	EVIII - The EFFECTive Clate S med as registered agent to accept service of process for am familiar with and accept the appointment as regist  Required Signature/Registered Agent	or the above stated corporation at the place designated in		
I submit this doc document to the	// 0	ne. I am aware that the false information submitted in a gs provided for in s.817.155, F.S.  Pate		