

P130000075380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

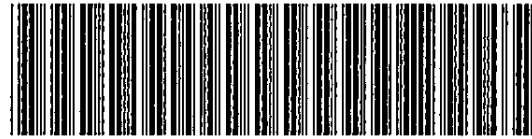
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/26/13--01022--019 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 SEP 10 PM 2:48

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MPS
9/13/13

COVER LETTER

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

SUBJECT: The Phoenix Associates of Fort Lauderdale, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Paul J. Luther
Name (Printed or typed)

6890 NW 30 Ave.
Address

Fort Lauderdale, FL 33309
City, State & Zip

954-439-3324
Daytime Telephone number

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2013

PAUL J LUTHER
6890 NW 30 AVE.
FORT LAUDERDALE, FL 33309

SUBJECT: THE PHOENIX ASSOCIATES OF FORT LAUDERDALE, INC.
Ref. Number: W13000048242

We have received your document for THE PHOENIX ASSOCIATES OF FORT LAUDERDALE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Verify the signatures listed for the registered agent and the incorporator. They appear to be different but the same person is listed as registered agent and incorporator.

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.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 313A00020580

6 September 2013

Paul Luther
6890 NW 30 Avenue
Fort Lauderdale, FL 33309

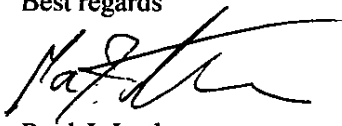
Ruby Dunlap
Regulatory Specialist II
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Ruby,
Attached please find a copy of a letter I received from you regarding the corporate filing for The Phoenix Associates of Fort Lauderdale, Inc. The signatures of the incorporator and the registered agent appear to be different. I assure you they are the same person. The paper slipped on a place where I shouldn't have been signing which caused the difference. My handwriting is atrocious to start with and my signature is different each time I sign something. But, I did sign in both places.

Per your instructions, I am returning the corrected original and a copy, along with a copy of your letter.

Thank you for your assistance.

Best regards



Paul J. Luther

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: The Phoenix Associates of Fort Lauderdale, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6890 NW 30 Avenue

Fort Lauderdale, FL 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To market and sell products to the
original equipment manufacturers in the aerospace industry, airline
operators and medical equipment manufacturers. The products shall be
supplied by other manufacturers and the Phoenix Associates shall not
take possession of them.

ARTICLE IV SHARES

The number of shares of stock is: 200

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paul J. Luther

Name and Title: Maxine A. Luther

Address President/Treasurer

Address: Vice President/Secretary

6890 NW 30 Avenue

6890 NW 30 Avenue

Fort Lauderdale, FL 33309

Fort Lauderdale, FL 33309

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

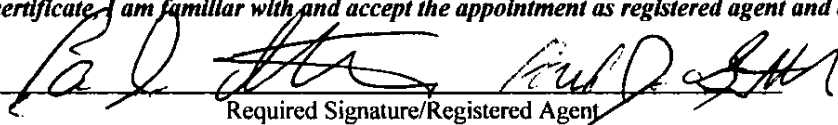
Name: Paul J. Luther
Address: 6890 NW 30 Ave.
Fort Laudedale, fl 33309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

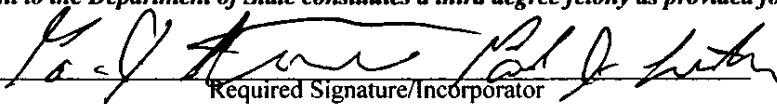
Name: Paul J. Luther
Address: 6890 NW 30 Ave.
Fort Lauderdale, FL 33309

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

20 August 2013
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.


Required Signature/Incorporator

20 August 2013
Date