

P13000093889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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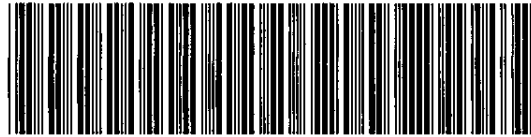
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
13 NOV 18 PM 1:28

PS 11/19/13

COVER LETTER

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

SUBJECT: Douglas P. Aronson, P.A.

(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: Douglas Aronson

Name (Printed or typed)

2055 Classic Drive

Address

Coral Springs, FL 33071

City, State & Zip

954-514-9477

Daytime Telephone number

daronson12@gmail.com

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

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: Douglas P. Aronson, P.A.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

2055 Classic Drive
Coral Springs, FL 33071

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Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: a professional corporation in the practice of real estate.

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Douglas P. Aronson, President

Name and Title: _____

Address 2055 Classic Drive
Coral Springs, FL 33071

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(cont.)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

ARTICLE VI REGISTERED AGENT

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


Name: Douglas P. Aronson
Address: 2055 Classic Drive
Coral Springs, FL 33071

ARTICLE VII INCORPORATOR


The **name and address** of the Incorporator is:

Name: Douglas P. Aronson
Address: 2055 Classic Drive
Coral Springs, FL 33071

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

 11-15-13
Required Signature/Registered Agent 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.

 11-15-13
Required Signature/Incorporator Date