

PK10000009493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

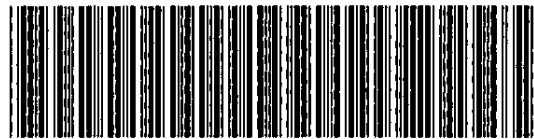
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800255861598

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JAN 27 AM 9:03

FILED

01/27/14--01048--012 **78.75

MD 2/3

COVER LETTER

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

SUBJECT: The Peltz Law Firm, 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
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 COPY REQUIRED

FROM: Robert D. Peltz

Name (Printed or typed)

10220 S.W. 141st Street

Address

Miami, Fla. 33176

City, State & Zip

305-255-3396

Daytime Telephone number

captkirk@ix.netcom.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: The Peltz Law Firm, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10220 S.W. 141st Street

Miami, Fla.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for the practice of law.

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Peltz, President/Director

Name and Title: _____

Address 10220 S.W. 141st Street

Address: _____

Miami, Fla. 33176

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
14 JAN 27 AM 9:03
STATE
TREASURER
FLORIDA

(cont.)

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: Robert D. Peltz
Address: 10220 S.W. 141st Street
Miami, Fla. 33176

FILED
14 JAN 27 AM 9:03
STATE
OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert D. Peltz
Address: 10220 S.W. 141st Street
Miami, Fla. 33176

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

RD Peltz

Required Signature/Registered Agent

1/20/14

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.

RD Peltz

Required Signature/Incorporator

1/20/14

Date