P14000009678

(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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01/27/14--01049--004 **70.00

COVER LETTER

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

SUBJECT:	David M. S			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: David M. Steinberg Name (Printed or typed) 4400 N. Federal Hwy Address				
	Point, FL State & Zip			
	asnemdave	'elephone mumber		

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

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

M. Steinberg, P.A.
Mailing address, if different is:
Engage in the practice of
Zing and Improvented of
ORS Maine and Title: Address:
<u> </u>
Name and Title:
Address:
Name and Title:
Address:

Name a	nd Title:	Name and Title:
Addres	s	Address:
ARTICLE VI	REGISTERED AGENT	
The <u>name and F</u>	lorida street address (P.O. Box NOT acceptable) of t	the registered agent is:
Name:	David M. Steinberg	
Address:	David M. Steinberg 4400 N. Federal Hwy Lighthouse Point, FL 33064	•
	Lighthouse Point, FL 33064	4
ARTICLE VII	INCORPORATOR	
The name and a	ddress of the Incorporator is:	
Name:	David M. Steinberg 4400 N. Federal Hwy Lighthouse Point, FL 330	
Address:	4400 N. Federal Hwy	
	Lighthouse Point, FL 330	064
	med as registered agent to accept service of process j am familiar with and accept the appointment as regi	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
19	Required Signature/Registered Agent	01/21/2014
	Required Signature/Registered Agent	Dete
	cument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
,9W		01/21/2014
/\/	Paguerad Stometure/Imagenorator	- I Date