

P14000010883

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PICK-UP     WAIT     MAIL

(Business Entity Name)

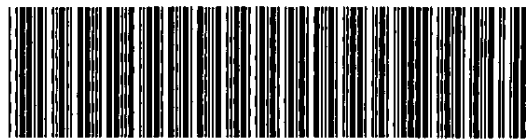
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W14000003530



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 FEB -3 PM 2:47

2/5/14

**COVER LETTER**

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

**SUBJECT: Joan Dymond Horenstein Attorney At Law**  
**(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: Joan Dymond Horenstein  
Name (Printed or typed)  
12001 Tara Dr  
Address  
Plantation, FL 33325  
City, State & Zip  
954-295-2710  
Daytime Telephone number  
barryhorenstein@gmail.com  
E-mail address: (to be used for future annual report notification)

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

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DIVISION OF CORPORATIONS  
14 FEB - 3 PM 2:47



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

14 FEB -3 PM 2:47

January 17, 2014

JOAN DYMOND HORENSTEIN  
12001 TARA DRIVE  
PLANTATION, FL 33325

SUBJECT: JOAN DYMOND HORENSTEIN, ATTORNEY AT LAW  
Ref. Number: W14000003530

We have received your document for JOAN DYMOND HORENSTEIN, ATTORNEY AT LAW and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 614A00001205

*CORRECTED & CHANGED TO  
JOAN DYMOND HORENSTEIN, ATTORNEY AT LAW, P.A.*

RECEIVED  
14 FEB -3 AM 10:2  
TALLAHASSEE, FLORIDA

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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 FEB - 3 30 PM '87

**ARTICLE I NAME**

The name of the corporation shall be: Joan Dymond Horenstein, Attorney At Law, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

12001 Tara Dr  
Plantation, FL 33325

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: For profit Law Office - Professional Corporation

**ARTICLE IV SHARES** 100

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Joan Dymond Horenstein, Attorney, President Name and Title: \_\_\_\_\_

Address 12001 Tara Dr Address: \_\_\_\_\_  
Plantation, FL 33325

Name and Title: Barry Horenstein, Vice President Name and Title: \_\_\_\_\_

Address 12001 Tara Dr Address: \_\_\_\_\_  
Plantation, FL 33325

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

(conti.)

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: Joan Dymond Horenstein  
 Address: 12001 Tara Dr  
Plantation, FL 33325

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Joan Dymond Horenstein  
 Address: 12001 Tara Dr  
Plantation, FL 33325

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 STATE DEPT. OF STATE  
 DIVISION OF CORPORATIONS  
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*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*

*[Signature]* \_\_\_\_\_ 11/7/2014  
 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.*

*[Signature]* \_\_\_\_\_ 11/7/2014  
 Required Signature/Incorporator Date

State of Florida County of Broward  
 Subscribed and sworn before me on 11/7/14  
 \_\_\_\_\_  
 (Notary Signature)

