

PI 4000 38685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

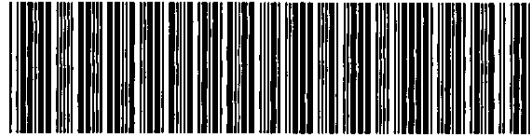
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Certified Copies

Certificates of Status

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
14 MAY -1 PM 12:25

[Handwritten signature]
5-2-14

COVER LETTER

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

SUBJECT: ROBERT CRAIG WALLACH, 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 WALLACH
Name (Printed or typed)

4171 W. HILLSBORO BLD. STE. 9
Address

COCONUT CREEK, FL 33073
City, State & Zip

954 - 461 - 0015
Daytime Telephone number

ROBERTCRAIGWALLACH@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:

ROBERT CRAIG WALLACH

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DIVISION OF CORPORATIONS
14 MAY -1 PM 12:25

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

122 MAYFAIR LANE
BOYNTON BEACH, FLORIDA
33426

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LEGAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

PRESIDENT/CEO ROBERT WALLACH

Name and Title:

Address

122 MAYFAIR LANE
BOYNTON BEACH, FL
33426

Address:

Name and Title:

Name and Title:

Address

Address:

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:

ROBERT WALLACH

Address:

122 MAYFAIR LANE

BOYNTON BEACH, FL 33426

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

ROBERT WALLACH

Address:

122 MAYFAIR LANE

BOYNTON BEACH, FL 33426

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

ROBERT WALLACH

Required Signature/Registered Agent

4/29/14

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.

ROBERT WALLACH

Required Signature/Incorporator

4/29/14

Date