

PK4000045878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

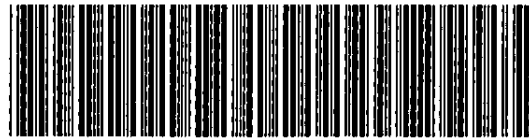
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Certified Copies _____ Certificates of Status _____

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14 MAY 23 PM 2:20

PROPERTY OF
DIVISION OF CORPORATE AFFAIRS

COVER LETTER

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

SUBJECT: **LAW OFFICE OF SAM GONAS, 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: **SAMUEL W. GONAS**

Name (Printed or typed)

930 ANDORA AVENUE

Address

CORAL GABLES, FL 33146

City, State & Zip

239-645-9721

Daytime Telephone number

SGONAS@MSN.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: LAW OFFICE OF SAM GONAS, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

200 SOUTH BISCAYNE BLVD.

SUITE 4000

MIAMI, FLORIDA 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for the purpose of the practice of law and transacting
any and all lawful business for which such corporations may be formed including investing its
funds in real estate, mortgages, stocks, bonds or other types of investments, and to own real or
personal property necessary for the rendering of such professional services, and exercising all
powers of any nature whatsoever permitted or conferred by law upon corporations in general,
unless specifically prohibited by the Act, including any subsequent amendments thereto.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Samuel Gonas, Director

Name and Title: _____

Address 200 South Biscayne Blvd.

Address: _____

Suite 4000

Miami, Florida 33131

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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(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:

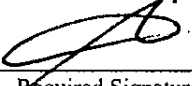
Name: Samuel Gonas
Address: 200 South Biscayne Blvd., Ste. 4000
Miami, Florida 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

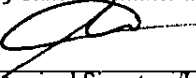
Name: Samuel Gonas
Address: 200 South Biscayne Blvd., Ste. 4000
Miami, Florida 33131

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


Required Signature/Registered Agent

5/13/14
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.


Required Signature/Incorporator

5/13/14
Date

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS