

P14000047356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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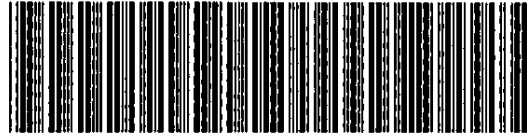
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
14 MAY 29 PM 1:46

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COVER LETTER

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

SUBJECT: **BARRY LIND, 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: **Barry Lind**

Name (Printed or typed)

1910 NW 85th Way

Address

Pembroke Pines, Florida 33024

City, State & Zip

954.450.1206

Daytime Telephone number

lindlaw@comcast.net

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: BARRY LIND, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1910 NW 85th Way

Pembroke Pines, Florida 33024

Mailing address, if different is:

P.O. Box 841054

Pembroke Pines, Florida 33084

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1,000.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barry Lind, President

Address

1910 NW 85th Way

Pembroke Pines, Florida 33024

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

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DIVISION OF CORPORATIONS
14 MAY 29 PM 4:46

(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: Barry Lind
Address: 1910 NW 85th Way
Pembroke Pines, Florida 33024

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Barry Lind
Address: 1910 NW 85th Way
Pembroke Pines, Florida 33024

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

Barry Lind May 26, 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.

Barry Lind May 26, 2014
Required Signature/Incorporator Date