

P14000050078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

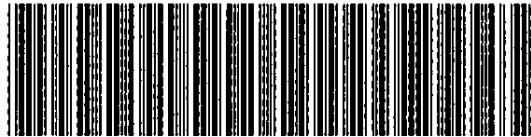
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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APPROVED  
AND  
FILED

14 JUN -9 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

114

## COVER LETTER

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

SUBJECT: Harriet R. Lewis, 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: Harriet Lewis

Name (Printed or typed)

1900 Glades Rd. Suite 251

Address

Boca Raton, FL 33431

City, State & Zip

561-826-2800

Daytime Telephone number

hlewis@lsdlaw.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)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: Harriet R. Lewis, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1900 Glades Rd. Suite 251

Boca Raton, FL 33431

Mailing address, if different is:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Harriet R. Lewis, President

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

Address 1900 Glades Rd.

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

Suite 251

Boca Raton FL 33431

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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AND  
FILED

(cont.)

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

Name and Title: 16 JUN -9 PM 2:43

Address \_\_\_\_\_

Address: SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Gary K. Oldehoff

Address: 1900 Glades Rd. Suite 251  
Boca Raton, FL 33431

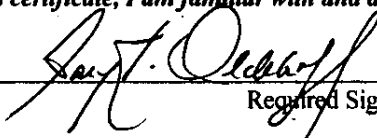
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Stephanie Deutsch

Address: 1900 Glades Rd. Suite 251  
Boca Raton, FL 33431

*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*

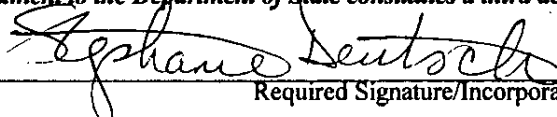


Required Signature/Registered Agent

June 4, 2014

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

June 4, 2014

Date