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(Address) (Address)	- 100260889051
(City/State/Zip/Phone #)	- 06/06/1401009005 **78.75
(Business Entity Name)	-
(Document Number)	- TALLANA
Special Instructions to Filing Officer:	5 PH 3: 39 SSEE FLOKDA

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COVER LETTER

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

SUBJECT: Stephanie Deutsch, PA (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
Y REOUIRED

ADDITIONAL COPY REQUIRED

FROM: Stephanie Deutsch

Name (Printed or typed)

1900 Glades Road, Suite 251

Address

Boca Raton, FL 33431

City, State & Zip

561-826-2800

Daytime Telephone number

sdeutsch@lsdlaw.net

E-mail address: (to be used for future annual report notification)

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

	In compliance with Chapter 607 and/o	-	int)
RTICLE I NAME in the corpora	tion shall be: Stephanie Deutsch	n, PA	<u></u>
	NCIPAL OFFICE Principal <u>street</u> address		address, if different is:
900 Glades f	Road	<u></u>	
uite 251			
loca Raton, F	FL 33431		
RTICLE III PUR the purpose for which t	POSE he corporation is organized is: Practice	e of law	
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<u> </u>			······································
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te number of shares of RTICLE V INT Name and Title Address Name and Title	<u>TIAL OFFICERS AND/OR DIRECTOR</u> Stephanie Deutsch, President 1900 Glades Road Suite 251 Boca Raton, FL 33431	Name and Title: Address: Name and Title:	
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e number of shares of <u>RTICLE V INT</u> Name and Title Address Name and Title Address	<u>TIAL OFFICERS AND/OR DIRECTOR</u> Stephanie Deutsch, President 1900 Glades Road Suite 251 Boca Raton, FL 33431	Name and Title: Address: Name and Title: Address: Name and Title:	

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Name and Title:		Name and Title:	
Address		Address:	
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ARTICLE VI **REGISTERED AGENT**

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

Name:	Gary Oldeoff		
Address:	1900 Glades Road, Suite 251		

Boca Raton, FL 33431

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

Nancy Stroud 1900 Glades Road, Suite 251 Boca Raton, FL 33431 Article III - Effective date is June 1, 2014.

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

Received Signature/Registered Agent

<u>6.2.2014</u> 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.

Maney July ignature/Incorporator

<u>2014</u> O'1 2 بب ယ္ဆ