P1400053566

(Requestor's Name)	1	
(Add)		
(Address)		
(Address)		
(City/State/Zip/Phor	ie#)	
PICK-UP WAIT	MAIL	
(Business Entity Na	me)	
(Document Number)		
Certified Copies Certificate	s of Status	
Special Instructions to Filing Officer:		
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Office Use Only



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14 JUN 16 AM 9: 29
SECRETARY OF STATE
TAND AMASSEE FLORID

WA-32941

COVER LETTER

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

SUBJECT:		LEBRUN 1.	
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
	, it		
Enclosed are an orig	inal and one (1) copy of the ar	cicles of incorporation and	d a check for:
\$70.00	□ \$78.75	☑ \$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		ADDITIONAL CO	Status
		ADDITIONAL CO	PY REQUIRED
FROM:	•	e (Printed or typed) Ocean Brys. Address	, #7A
	•	, Beach, FL State & Zip	33483
	56 Daytime	1 ~ 271 ~ 9138 Telephone number	•
	BIZBROKER.	561 C GN A IL	, com
	E-inail address: (to be use	d for future annual report	notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 27, 2014

STEVEN C. LEBRUN 2103 S. OCEAN BLVD #7A DELRAY BEACH, FL 33483

SUBJECT: STEVEN C. LEBRUN, P.A.

Ref. Number: W14000032941

We have received your document for STEVEN C. LEBRUN, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 814A00011373

ARTICLES OR INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation	on shall be: Treven C.	LEBRUN, P.A.		
P	CIPAL OFFICE rincipal street address	Mailing :	address, if different is:	:
DelPay B	ели, FL 33483			
	OSE corporation is organized is: To POSITION AND F Buisiness Be			\ 1
ARTICLE IV SHAR The number of shares of sta		ORS	SECRETARIO TALLAHASSEE	14 JUN 16 AM
Name and Title:_	POSC (Active Co.)	Name and Title:	<u> </u>	1 9:12
Address _	2103 S. OCEAN BLYD);	39.483	<u> </u>	
Name and Title:_		Name and Title:		
Address _	· · · · · · · · · · · · · · · · · · ·	Address:		
-				
Name and Title:_		Name and Title:		
Address		Address:	,	

Name and Title:	Name and Title:
Address	Address:
	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NO	T acceptable) of the registered agent is:
Name: Treven Chesen	
Address: 2103 S. Ocean C DelRAy BEACH, I	BLVD. #7A
DELRAY BEACH, I	=L 39483
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: VITVEN Ches	Pun)
Address: <u>2103 S. Ocean</u>	BLVD, #7A
Derry BEAC	4 FL 39483
Having been named as registered agent to accept se this certificate, (ani familiar with and accept the app	rvice of process for the above stated corporation at the place designated in cointment as registered agent and agree to act in this capacity
***	4.1.2014
Required Signature/Regist	ered Agent Date
I submit this document and affirm that the facts su document to the Department of State constitutes a th	ated herein, are true. I am aware that the false information submitted in a lird degree felony as provided for in s.817.155, F.S.
	4.7. Zary
Required Signature/Inco	rporator Date:
	· · · · · · · · · · · · · · · · · · ·
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