

P14000074966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

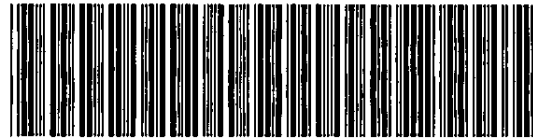
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SEP 9 2014
DIVISION OF CORPORATIONS
11 SEP - 9 PM 2:22

COVER LETTER

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

SUBJECT: The Law Offices of Eric Alpert, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Eric Alpert
Name (Printed or typed)
217 N. Westmonte Drive, Suite 1007
Address
Altamonte Springs, FL 32714
City, State & Zip
407-810-4545
Daytime Telephone number
eric.j.alpert@gmail.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: The Law Offices of Eric Alpert, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

217 N. Westmonte Drive

Suite 1007

Altamonte Springs, FL 32714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Law Offices of Eric Alpert shall be operated to provide legal services, counseling and guidance and any other purpose associated with the practice of law.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eric J. Alpert, Director

Name and Title: _____

Address 1271 Erdman Ct.

Address: _____

Apopka, FL 32703

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: Eric Alpert
Address: 217 N. Westmonte Drive, Suite 1007
Altamonte Springs, FL 32714

SEP -9 PM 2:22

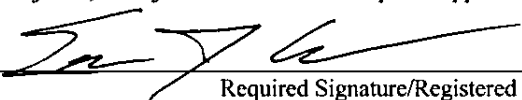
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DIVISION OF CORPORATE AFFAIRS

ARTICLE VII INCORPORATOR

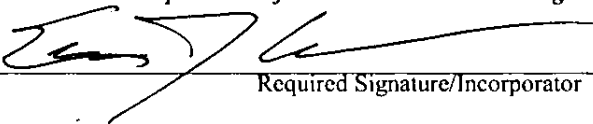
The name and address of the Incorporator is:

Name: Eric Alpert
Address: 217 N. Westmonte Drive, Suite 1007
Altamonte Springs, FL 32714

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

 9/3/14
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.

 9/3/14
Required Signature/Incorporator Date