

P14000085573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

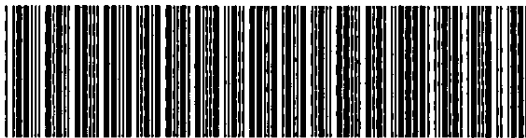
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/16/14--01013--003 **78.75

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TALLAHASSEE, FLORIDA

10/20/14 AR

COVER LETTER

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

SUBJECT: Law Offices of Chaiken & Chaiken, 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: Brian Chaiken
Name (Printed or typed)

8350 S.W. 148 Dr.

Address

Palmetto Bay, FL 33158

City, State & Zip

224.305.0259

Daytime Telephone number

bchaiken1@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: Law Offices of Chaiken & Chaiken, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8350 SW 148 Dr
Palmetto Bay FL 33158

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for the purpose of transacting
any and all lawful business permitted under the
laws of the State of Florida and the rules of the
Florida Bar for the operation of a law office.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brian Chaiken, President/Director Name and Title: _____

Address: 8350 SW 148 Dr. Address: _____
Palmetto Bay, FL 33158

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

14 OCT 16 PM 12:33
CLERK OF STATE
FLORIDA

(cont.)

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: Brian Chaiken
Address: 8350 SW 148 Dr.
Palmetto Bay, FL 33150

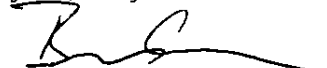
14 OCT 16 PM 09:33
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brian Chaiken
Address: 8350 SW 148 Dr.
Palmetto Bay, FL 33150

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

10-17-14
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

10-14-14
Date