

PH000092126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

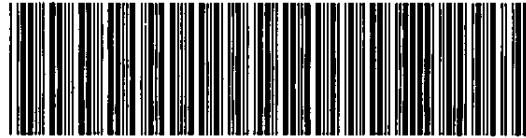
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COVER LETTER

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

SUBJECT: Safina Asset Management, Inc

(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: Joseph Safina
Name (Printed or typed)
1517 Ponce De Leon Dr
Address
Fort Lauderdale FL 33316
City, State & Zip
954 817 1062
Daytime Telephone number
Josephsafina@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 **Safina Asset Management, Inc**

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1517 Ponce De Leon Dr.

Fort Lauderdale, FL 33316

ARTICLE III PURPOSE

Investment holding company

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 1,000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|--------------------------------------|-----------------------|
| Name and Title: <u>Joseph Safina</u> | Name and Title: _____ |
|--------------------------------------|-----------------------|

| | |
|---------------------------------------|----------------|
| Address <u>1517 Ponce De Leon Dr.</u> | Address: _____ |
|---------------------------------------|----------------|

| | |
|---------------------------------|-------|
| <u>Fort Lauderdale FL 33316</u> | _____ |
|---------------------------------|-------|

| | |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
|-----------------------|-----------------------|

| | |
|------------------|----------------|
| Address _____ | Address: _____ |
|------------------|----------------|

| | |
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| 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 NOT acceptable) of the registered agent is:

Name: Joseph Safina
Address: 1517 Ponce De Leon Dr
Fort Lauderdale FL 33316

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph Safina
Address: 1517 Ponce De Leon Dr
Fort Lauderdale FL 33316

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

Date 11-7-14

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

Date 11-7-14