

P15000015099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

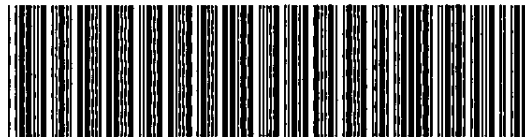
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/10/15--01015--031 **87.50

15 FEB 10 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVAL
AND
FILED

1/1

COVER LETTER

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

SUBJECT: Alan Medof & Associates, 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: Alan Medof

Name (Printed or typed)

552 Mansfield N

Address

Boca Raton, FL 33434

City, State & Zip

954-773-5184

Daytime Telephone number

medoflaw@gmail.com

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

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

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

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

15 FEB 10 AM 10:43

ARTICLE I NAME

The name of the corporation shall be: Alan Medof & Associates P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

ARTICLE II PRINCIPAL OFFICE

Principal street address

13663 SW 124 Avenue Road

Miami, Florida 33186-6560

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Legal work

ARTICLE IV SHARES 500

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alan Medof President

Name and Title: _____

Address 552 Mansfield N
Boca Raton, FL 33434

Address: _____

Name and Title: Alan Medof secretary/Treasurer

Name and Title: _____

Address 552 Mansfield N
Boca Raton, FL 33434

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

APPROVED
AND
FILED (cont.)

15 FEB 10 AM 10:43

Name and Title: _____	Name and Title: <u>SECRETARY OF STATE</u>
Address _____	Address: <u>TALLAHASSEE, FLORIDA</u>
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Jerry Schreiber
Address: 13663 SW 124 Avenue Road
Miami, FL 33186-6560

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alan Medof
Address: 552 Mansfield N
Boca Raton, FL 33434

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

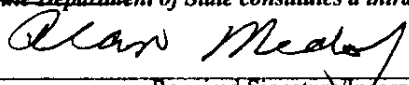


Required Signature Registered Agent

2-5-2015

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

2-5-2015

Date