

P 15000018811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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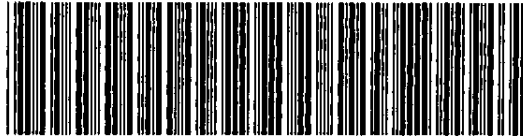
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*J* 2/26/15

## COVER LETTER

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

**SUBJECT: MSE LAW, 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: Valerie Barnhart, Esq./Kelley Kronenberg**

Name (Printed or typed)

**8201 Peters Rd. Suite 4000**

Address

**Plantation, Florida 33324**

City, State & Zip

**954-370-9970**

Daytime Telephone number

**vbarnhart@kelleykronenberg.com**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: MSE LAW, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

8401 Lake Worth Road

Suite 107

Wellington, FL 33467

Mailing address, if different is:

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Legal services.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Michael Elstein - Pres.

Name and Title: \_\_\_\_\_

Address 8401 Lake Worth Road

Address: \_\_\_\_\_

Suite 107

Wellington, FL 33467

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

(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: Michael Elstein  
Address: 8401 Lake Worth Road #107  
Wellington, FL 33467

**ARTICLE VII INCORPORATOR**

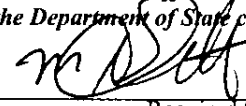
The **name and address** of the Incorporator is:

Name: Michael Elstein  
Address: 8401 Lake Worth Road #107  
Wellington, FL 33467

*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*

 2/18/15  
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.*

 2/18/15  
Required Signature/Incorporator Date

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