

PIS 000037269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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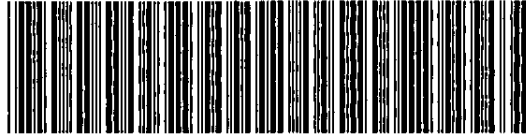
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
OF MASSACHUSETTS

04/20/15--01061--018 **78.75

ACE
4/28/15

COVER LETTER

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

SUBJECT: Triangle Professional Building Corp. III
(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

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: samuel shapiro
Name (Printed or typed)
6115 Stirling Road suite #101
Address
Davie Fla. 33314
City, State & Zip
954-316-6626
Daytime Telephone number
sharpshap@aol.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: triangle professional building corporation llc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6115 Stirling Road suite #101

Davie Fla: 33314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to perform Land development, construction and real estate management

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: samuel shapiro president

Name and Title: _____

Address 6115 stirling road ste #101
davie, fla 33314

Address: _____

Name and Title: steve shapiro VP

Name and Title: _____

Address same as above

Address: _____

Name and Title: Daniel shapiro VP

Name and Title: _____

Address same as above

Address: _____

(conti.)

Name and Title: arlene shapiro Sec/Treas Name and Title: _____
Address: same as above Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: sam shapiro
Address: 6115 stirring road ste#101
davie fla, 33314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: samuel shapiro
Address: same as above

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

Samuel Shapiro 4/15/15
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.

Samuel Shapiro 4/15/15
Required Signature/Incorporator Date