

P/50000 38808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300270661223

03/24/15--01003--005 **70.00

FILED
15 APR 29 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 30 2015

S. GILBERT

COVER LETTER

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

SUBJECT: Ehrenreich & Associates, PA
(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: Lisa Ehrenreich
Name (Printed or typed)
10 SW South River Dr. PH 201
Address
Miami, FL 33130
City, State & Zip
954-907-2674
Daytime Telephone number
lehrenreich3@gmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 APR 29 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 26, 2015

LISA EHRENEICH
10 SW SOUTH RIVER DR. PH 201
MIAMI, FL 33130

SUBJECT: EHRENEICH & ASSOCIATES, PA
Ref. Number: W15000021361

We have received your document for EHRENEICH & ASSOCIATES, PA and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The specific business purpose of the professional association must be stated in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 815A00006113

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: Ehrenreich & Associates, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

10 SW South River Drive

PH 201

Miami, FL 33130

Mailing address, if different is:

P.O. Box

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ~~Any and all lawful business~~

the practice of law

ARTICLE IV SHARES 100

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa Ehrenreich, CEO

Address: 10 SW South River Dr.

PH201

Miami, FL 33130

Name and Title: _____

Address: _____

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: Lisa Ehrenreich
Address: 10 SW South River Dr.
PH201, Miami, FL 33130

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lisa Ehrenreich
Address: 10 SW South River Dr.
PH201, Miami, FL 33130

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 Lisa Ehrenreich

3-18-15
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

Lisa Ehrenreich

3-18-15
Date