

P15000046036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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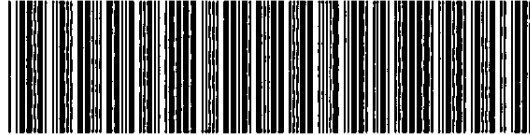
(Business Entity Name)

(Document Number)

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

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05/22/15--01012--015 \*\*70.00

FILED  
15 MAY 22 PM 14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** RYAN J ACKERMAN 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      ☐ \$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:** RYAN J ACKERMAN

Name (Printed or typed)

128 GOLDEN GATE PT STE 202-A

Address

SARASOTA, FL, 34236

City, State & Zip

305-205-7700

Daytime Telephone number

ryan.ackerman75@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**

The name of the corporation shall be: RYAN J ACKERMAN P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
128 GOLDEN GATE PT STE 202-A  
SARASOTA, FL 34236

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO ENGAGE IN THE BUSINESS OF PROVIDING THE SERVICES OF A REAL ESTATE AGENT

15 MAY 22 PM 11  
OFFICE OF THE CLERK  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: RYAN J ACKERMAN, PRESIDENT

Address: 128 GOLDEN GATE PT STE 202-A  
SARASOTA, FL 34236

Name and Title: GARY D ACKERMAN, TREASURER

Address: 464 GOLDEN GATE PT STE 303-C  
SARASOTA, FL 34236

Name and Title: SEPIDEH ACKERMAN, SECRETARY

Address: 128 GOLDEN GATE PT STE 202-A  
SARASOTA, FL 34236

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

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

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

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

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

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: GARY D ACKERMAN  
Address: 464 GOLDEN GATE PT STE 303-C  
SARASOTA, FL 34236

**ARTICLE VII INCORPORATOR**

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

Name: RYAN J ACKERMAN  
Address: 128 GOLDEN GATE PT STE 202-A  
SARASOTA, FL 34236

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: JULY 1, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

5/13/15  
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

5/13/15  
Date