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CAPITAL CONNECTION, INC.

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	<u>-</u>		
DAVID A. GOLDBERG, PA			## 15 JUN 14
· · · · · · ·		. <u> </u>	
	 		- F
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Serviće Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
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	$\frac{06/10/15}{2}$	Tr:	UCC 11 Search
Name	Date	Time	UCC II Retrieval
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COVER LETTER

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

SUBJECT: DAVID	A. GOLDBERG, PA		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation an	d a check for:
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate o Status
		ADDITIONAL CO	PY REQUIRED
PRALE.	IANDA CASTELLON	e (Printed or typed)	
260	0 S DOUGLAS RD STE 510		
		Address	
CO	RAL GABLES, FL 33134		
	City	, State & Zip	
786	-391-3721		
	Daytime 1	Telephone number	
AC	ASTELLON@CASTELLONPL.CO	PM	
	E-mail address: (to be use	d 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 corpora	DAVID A. GOLDBERG,F	'A	SET. 3
ARTICLE II PRINC	CIPAL OFFICE		eif different is 5
	Principal street address	Mailing address, i	دن :f different is
1510 BAY RD #702		1510 BAY RD #702	
MIAMI BEACH, FL 3	3139	MIAMI BEACH, FL 3313	
ARTICLE III PURPO The purpose for which to	OSE the corporation is organized is:	altor	
•			<u></u>
	Stock is: LOFFICERS AND/OR DIRECTORS DAVID A GOLDBERG (PVST)	NY LONG	
Name and Title	1510 BAY RD #702	Name and Title:	·
Address	MIAMI BEACH, FL 33139	Address:	
Name and Title:		Name and Title:	
Address	W	Address:	
			
			-
Name and Title:		Name and Title:	
Address		Address:	

Name an	d Titie:	Name and Title:	
Address		_ Address:	
		-	
		-	<u></u> .
			15 TS
ARTICLE VI I	<u>REGISTERED AGENT</u> <u>orida street address</u> (P.O. Box NOT acceptable) o	fthe registered agent is:	
Name:	DOUGLAS REGISTERED AGENTS LLC	r the registered agent is.	SS 70 1
Address:	2600 S. DOUGLAS RD STE 510	-	
	CORAL GABLES, FL 33134	_	9: 43 9: 43 5: 108/16
ARTICLE VII	NCORPORATOR		. %
	dress of the Incorporator is:		
Name:	AMANDA CASTELLON		
Address:	2600 S DOUGLAS RD STE 510	-	
	CORAL GABLES, FL 33134	-	
ADTICLE VIII	EFFECTIVE DATE:		
Effective date, if o	ther than the date of filing:	(OPTIONAL)	
(If an effective da days after the fili	ite is listed, the date must be specific and canno	t be more than five business	days prior or 90 business
Note: If the date in the document's eff	nserted in this block does not meet the applicable ective date on the Department of State's records.	statutory filing requirements,	this date will not be listed as
Having been name	ed as registered agent to accept service of process m familiar with and accept the appointment as rep	for the above stated corporal	tion at the place designated in
		weren agent and agree to act	in mis capacity
Amn	Required Signature/Registered Agent		@ 10115 Date
I submit this docu document to the D	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felon	true. I am aware that the fal ev as provided for in \$ 217 155	se information submitted in a
Part	n () 1600	, province yor 10 510 2/1200;	co 110/15
Require	d Signature/Incorporator	····	Date

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