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(Re	equestor's Name)			
(Ad	ldress)			
(Ac	ldress)			
(Cid	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Na	me)		
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Certified Copies	Certificate	s of Status		
Special Instructions to	Filing Officer:			

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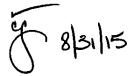


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15 AUG 24 AH 7: 51



COVER LETTER

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

SUBJECT: Jonathan M. Buca PA (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCLI</u>	UDE SUFFIX)			
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	a check for:			
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
FROM:	1	e (Printed or typed)				
	Fort Muers	Address FL 33967 State & Zip				
	- · •	60 –9661 elephone number		35		
	E-mail address: no be use	AGN CO. COM Offer future annual report n	otification)	AUG 24 AM	FILED	
1	NOTE: Please provide the o	riginal and one copy of	the articles.	7: 51		



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED AUG 2 TOWN

August 4, 2015

JONATHAN M BURG 17513 CHERRY RIDGE LN FORT MYERS, FL 33967

SUBJECT: JONATHAN M BURG PA

Ref. Number: W15000048640

Resubmitted see endosed

We have received your document for JONATHAN M BURG PA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 015A00016369

TS AUG 24 AN 7:5



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 20, 2015

JONATHAN M BURG 17513 CHERRY RIDGE LN FORT MYERS, FL 33967

SUBJECT: JONATHAN M BURG PA

Ref. Number: W15000048640

We have received your document for JONATHAN M BURG PA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 415A00015161

15 AUG 24 AN 7:51

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

Tort Myers FL RTICLE III PURPOSE he purpose for which the corpo RTICLE IV SHARES he number of shares of stock is: RTICLE V INITIAL OFFIC Name and Title: Jane Address 1951	ration is organized is:		Mailing address, it different is E.F. I'LO SAME Estate Sales
RTICLE III PURPOSE ne purpose for which the corpo RTICLE IV SHARES ne number of shares of stock is: RTICLE V INITIAL OFFIC Name and Title: 5000 Address 1951	loo		Estate Sales
e number of shares of stock is: RTICLE V INITIAL OFFICE Name and Title: Tone Address			
TICLE V INITIAL OFFICE Name and Title: 3000 Address 1951			-
TICLE V INITIAL OFFICE Name and Title: 3000 Address 1951			
Address <u>1951</u>	CERS AND/OR DIRECTO	<u>PRS</u>	
	-,		ne and Title:
	3 Cherry Ridge Myers FL 330		iress:
Name and Title:		Name	ne and Title:
			lress:
Name and Title: Address			ne and Title:

Name and Title:	Name and Title:
Address	Address:
	-
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name: Jonathan M Burg	-
Address: 19513 Cherry Ridge Ln	-
Ft Myers FL 33967	
ARTICLE VII INCORPORATOR	FIL MG 24 MIASSE
The <u>name and address</u> of the Incorporator is:	er e
Name: Jonathan M Burg	TON A D
Address: 17513 Cherry Ridge Ln FF Myers FL 339167	- 5
Ff Myers FL 339167	-
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot days after the filing.)	(OPTIONAL) t be more than five business days prior or 90 business
Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been parked as registered agent to accept service of process this certificate from familiar with and accept the appointment as reg	istered agent and agree to act in this capacity
Required Signature/Registered Agent	July 28,2015
I submit this focument and affirm that the facts stated herein are	true. I am aware that the false information submitted in a
document of the Popartment of State constitutes a third degree felon	y as provided for in s.817.155, F.S.
	July 28,2015
Required Symure/Incorporator	/ Date /