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(Requestor's Name)					
(Add	lress)				
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PICK-UP	☐ WAIT	, MAIL			
(Bus	iness Entity Na	me)			
(Doc	cument Number)			
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					
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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT:	W OFFICES OF S	HAUN M. ZACIEWS	KI, P.A.		
	(PRC	POSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an	original and one	e(1) copy of the art	icles of incorporation and	d a check for:	
\$70. Filing F	ee Filing Fe		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
			ADDITIONAL CO	, rangombo	
FROM	SHAUN M. ZAC	IEWSKI			
		Name	e (Printed or typed)		
	4010 NORTH CIE	RCLE DRIVE			
		7	Address		
	HOLLYWOOD, I	FLORIDA 33021			
	City, State & Zip				
	954-736-0626				
		Daytime T	elephone number		
	SZACIEWSKI@C	GMAIL.COM			
	Femail	address: (to be use	for future annual report r	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)

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The name of the corporation shall be:	S OF SHAUN M. ZACIEWSKI, P.A.
ARTICLE II PRINCIPAL OFFICE Principal street add 174 SW 7 STREET, SUITE 1912	Mailing address, if different is: 4010 NORTH CIRCLE DRIVE
MIAMI, FLORIDA 33130	HOLLYWOOD, FLORIDA 33021
ARTICLE III PURPOSE The purpose for which the corporation is or	is: PRACTICE OF LAW
	ALC SEC
ARTICLE IV SHARES The number of shares of stock is:	SEE FLORIDA
ARTICLE V INITIAL OFFICERS AND Name and Title: SHAUN M. ZACI	<u>ALCI OAB</u>
Name and Title: 4010 NORTH CIR Address	
HOLLYWOOD, F	
<u></u>	
Name and Title:	Name and Title:
	Address:
Name and Title:	Name and Title:
	Address:

Name a	and Title:	Name and Title:
Addres	ss	Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:
Name:	SHAUN M. ZACIEWSKI	
Address:	4010 NORTH CIRCLE DRIVE	—— ĀS∷, ₹
	HOLLWOOD, FLORIDA 33021	LANA SEP
ARTICLE VII	<u>INCORPORATOR</u>	TO PH L: 19 SSEE, FLORIÐA
The <u>name and a</u>	address of the Incorporator is:	CORT STATE
Name:	SHAUN M. ZACIEWSKI	— Q
Address:	4010 NORTH CIRCLE DRIVE	
	HOLLYWOOD, FLORIDA 33021	
Effective date, i		(OPTIONAL) annot be more than five business days prior or 90 business
	te inserted in this block does not meet the applic effective date on the Department of State's reco	table statutory filing requirements, this date will not be listed as ords.
		ocess for the above stated corporation at the place designated in is registered agent and agree to act in this capacity
		9/8/2015
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein Department of State constitutes a third degree	are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.
		9/8/2015
Regu	uired Signature/Incorporator	Date

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