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## COVER LETTER

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

**SUBJECT:** THE GLICKMAN LAW FIRM, 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:** SUZANNE S. GLICKMAN, ESQ.

Name (Printed or typed)

1008 ROYAL PASS ROAD

Address

TAMPA, FL 33602

City, State & Zip

(813) 765-7535

Daytime Telephone number

suzanneglickman@gmail.com

E-mail address: (to be used for future annual report notification)

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

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**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: THE GLICKMAN LAW FIRM, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

1008 ROYAL PASS ROAD

1008 ROYAL PASS ROAD

TAMPA, FL 33602

TAMPA, FL 33602

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

LAW FIRM

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: SUZANNE S. GLICKMAN, ESQ. PRINC

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

Address 1008 ROYAL PASS ROAD

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

TAMPA, FL 33602

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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: SUZANNE S. GLICKMAN, ESQ.  
Address: 1008 ROYAL PASS ROAD  
TAMPA, FL 33602

**ARTICLE VII INCORPORATOR**

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

Name: SUZANNE S. GLICKMAN, ESQ.  
Address: 1008 ROYAL PASS ROAD  
TAMPA, FL 33602

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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

Suzanne Glickman / SUZANNE S. GLICKMAN  
Required Signature/Registered Agent 11/17/15  
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.

Suzanne Glickman / SUZANNE S. GLICKMAN  
Required Signature/Incorporator 11/17/15  
Date