P15000100242

(Requestor's Name)			
(Address)			
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Do	cument Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			



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Office Use Only

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COVER LETTER

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

SUBJECT:	DAVID RA	BEN, PA	
	(PROPOSED CORPORA	I E NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
		1	
FROM:	2250 SU	Printed or typed) J 3 AVEN	UE YM FLOOR
	MIAMI, FL City, S	ddress	
	Po 5 - R50 Daytime Te	8 – 9550 Elephone number	
	DAVERABEN @ C E-mail address: (to be used	RIMLAWFIRM for future annual report n	M, COM_otification)

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)

The name of the corpor	eation shall be:	DAVID RAP	BEN, P	A	
ARTICLE II PRIN	Principal street add	ress h Floor		Mailing address, if dif	ferent is:
MIAMI	, FL 3312			·	7/2
			<u> </u>		
ARTICLE III PURI The purpose for which	POSE the corporation is org	ganized is: PR	OVIDE	LEGAL SERVICE	£ 57
ARTICLE IV SHAR The number of shares of ARTICLE V INITION Name and Tit	of stock is: / O O		. Name and	1 Title:	
Address		•			
Tradi 000	44	3 AVE h FLOOR	Mudicos.		
	MIAMI,	FL 33129			
Name and Title	e:		Name and	1 Title:	
Address			Address:		
	· · · · · ·	·			
Name and Title			Nome one	I Title.	
Address				l Title:	
Address					
					

Name and Tit	e: Name and Title:	
Address	Address:	
	·	
ARTICLE VI REG. The name and Florida	STERED AGENT street address (P.O. Box NOT acceptable) of the registered agent is:	
	DAVID RABEN	
Address:	2250 SW 3 AVE YM FLOOR	
	MIAMI, FL 33129	15
ARTICLE VII INCO	<u>ORPORATOR</u>	11 000
The name and address	of the Incorporator is:	
Name:	DAMD RABEN	R: 29
Address:	2250 SW 3 AVE 4th FLOOR MIAMI, FL 33129	₹/ - 5 /
	MIAMI, FL 33129	
ARTICLE VIII EFF Effective date, if other (If an effective date is days after the filing.)	ECTIVE DATE: than the date of filing: (OPTIONA listed, the date must be specific and cannot be more than five busing	.L) ness days prior or 90 business
	ted in this block does not meet the applicable statutory filing requirement of date on the Department of State's records.	nts, this date will not be listed as
Having been named a this certificate I am fa	registered agent to accept service of process for the above stated corpolition with and accept the appointment as registered agent and agree to	oration at the place designated in act in this capacity
* Have	l Kath	12-15-15
	Required Signature/Registered Agent	Date
I submit this documen document to the Depar	t and affirm that the facts stated herein are true. I am aware that the trien of State constitutes a third degree felony as provided for in s.817.	false information submitted in a 155, F.S.
X 1200	calforer	12-15-15
Keautrea St	enature/Incorporator	L)ate