P16000003431

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

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COVER LETTER

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

SUBJECT:	Joel Rube	rstein P	'A		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an original and one (1) copy of the articles 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: Joel Rubenstein Name (Printed or typed)					
2169 Egret Dr Address					
(1/20 Water FL 33764) City, State & dip					
Daytime Telephone number Jrubenstein ad @ gnail.ion E-mail address: (to be used for fature 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 corporation		Joel	Rubenste	'n	PAS	16
2169	cipal office rincipal street address Egsch Dr. itch FL	<u>3376</u> 4	·	Mailing ad	ddress, if differen	
ARTICLE III PURP The purpose for which the	OSE corporation is organiz	zed is:	Medical	plac,	tice	
	AL OFFICERS AND					
Name and Title:_ Address	Joel Rubens 2169 Egs Clearway	ret Dr.	Name and Titl Address:	e:		
_	Clearwat	ter, FL	<u>3</u> 3764 			
Name and Title:			Name and Titl	e:		
Address						
_	W-1					
Name and Title:			Name and Title	e:		
Address		- 	Address:			
_		·····				
_						

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT address: Toel RubenStein Address: 2169 Egret Di (lear water, Fl	^
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	stela Signatura
Name: Joel Ruber	steld SS D
Address: 2/69 Egrit Clearwater, 1	Dr. 23764
	re of process for the above stated corporation at the place designated in tment as registered agent and agree to act in this capacity
	1 Agent
Required Signature/Registered	d Agent Date
•	herein are true. I am aware that the false information submitted in a
Required Signature/Incorpo	1-Z-20/6 Date