

P16000013035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

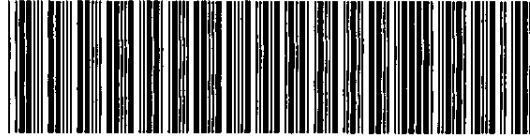
(Document Number)

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16 JAN 29 PM 4:50  
TALLAHASSEE, FLORIDA

02-08-15  
7

## COVER LETTER

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

SUBJECT: SAHARAH R MARKDE PA  
(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: HOWARD CHERNOFF ESQ  
Name (Printed or typed)

2414 MORRIS AVE STE 301  
Address

UNION NJ 07083  
City, State & Zip

908-810-7750  
Daytime Telephone number

TAXLAWLLC @ GMAIL.COM  
E-mail address: (to be used for future 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 shall be: ZAHARAH R MARKOE PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5255 COLLINS AVE #6G  
MIAMI BEACH FL 33140

Mailing address, if different is:

**HOWARD CHERNOFF**  
2414 MORRIS AVE SUITE 301  
UNION NEW JERSEY 07083

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ALL ALLOWABLE ACTS  
UNDER LAW INCLUDING BUT NOT  
LIMITED TO THE PRACTICE OF LAW

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

Name and Title: ZAHARAH R MARKOE Name and Title: PRESIDENT

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

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: ZAHARAH R MARKOE  
Address: 5255 COLLINS AVE #6G  
MIAMI BEACH FL 33140

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: HOWARD CHERNOFF  
Address: 2414 MORRIS AV STE 301  
UNION NJ 07083

**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*

Zaharah R. Markoe  
Required Signature/Registered Agent

JAN 21, 2016  
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.*

[Signature]  
Required Signature/Incorporator

01 21 16  
Date