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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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SECHETATY OF STATE
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MAR 1 8 2016 S. PRATHER

COVER LETTER

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

SUBJECT: DEBBIE LIPTON, P.A.					
(PROPOSED CORPORAT	TE NAME – <u>MUST INCLU</u>	DE SUFFIX)			
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	a check for:			
\$70.00 \$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: DeBBIE LIPTON Name (Printed or typed) 11199 N.W. 7740 PLACE					
PARKLAND, City, S	duress	<u> 3076</u>			
954 - 753 - Daytime Te DLIPTONSLP		COM			
E-mail address: (to be used					

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 corpora	tion shall be: DEBB	IC LIPTON	, P. A.	_
ARTICLE II PRINC	TIPAL OFFICE Principal street address	Mailin	Mailing address, if different is:	
11199 NW	77th PLACE	4		
			ADO LAN)6UA6C
therap		WSULTATIO		
			SECRETARY FALLAHASSEE	16 HAR 18
ARTICLE IV_SHAR	ES (C)		OF SHATE	- 1
	L OFFICERS AND/OR DIRECT			
Name and Title Address	: De2BIE LIPTON, FI 11199 WW 77 TU			
	PREKLAND, RL 3	33076		
Name and Title		Name and Title:		
Address				
Name and Title				

Address		Address:	
		·	
		•	
	EGISTERED AGENT rida street address (P.O. Box NOT acceptable) of	f the registered agent is:	
	SIMON LIPTON	•	
Address:	11199 NW 77 PLACE PORICWO PL 330	21	
,	FARICOLD, PC 330	276	
ARTICLE VII II	NCORPORATOR		70 16
The name and add	ress of the Incorporator is:		HAN
Name:	DeBBIE LIPTAD		18
Address:	11199 NW 7744 RACC	-	
	PARKUND PL 3387	7-6	AM 10: TO
Effective date, if of	EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific and cannot g.)	(OPTIONAL) t be more than five business days pr	ior or 90 business
Note: If the date in the document's effe	nserted in this block does not meet the applicable active date on the Department of State's records.	statutory filing requirements, this date	will not be listed as
Having been name this certificute, I an	ed as registered agent to accept service of process in familiar with and accept the appointment as reg	for the above stated corporation at this consistence of the consistenc	ne place designated in capacity
Yuna	1 MOGA	=	115/16
	Required Signature/Registered Agent		Date
I submit this document to the De	ment and affirm that the facts stated herein are expartment of State constitutes a third degree felon	true. I am aware that the false inform y as provided for in s.817.155, F.S.	nation submitted in a
Require	d Signature/Incorporator		Date

Name and Title:_______Name and Title:______