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Electronic Filing Cover Sheet

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(((H16000092472 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name

: CORP USA Account Number: 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

FLORIDA PROFIT/NON PROFIT CORPORATION FABIAN GRAFF, P.A.

Certificate of Status	0
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Corporate Filing Menu

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CORP USA

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4/13/2016

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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 ON SECUL TARK OF SAMERS

SUBJECT: Fabian G	Fabian Graff, P.A. JBJECT: (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	i a check for:	
₩ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	

	Name (Printed or typed)
90 Almeria Avenue	•
	Address
Coral Gables, Florida 33134	
	City, State & Zip
305/445-4458	,
	Paytime Telephone number

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)

Sland Avenue	INCIPAL OFFICE Principal <u>street</u> address	Mailing address	ss, if different is:
it 5E		_	
ami, Florida 331	37		
TICLE III PU.	RPOSE ch the corporation is organized is:		
e professional ser	rvice corporation is formed to engage:	in every phase and aspect of the practice	as a license real estate
es associate. In a	ddition, the corporation may invest th	e funds of the professional service corpor	ation in real estae, stocks,
ortgages, bonds or	any other type of investment and own	n real and personal property necessary for	the rendering of
ofessional service	s. The purposes of this corporation sh	all be carried out only through officers, e	mployees and agents
 		render services as a license real estate sa	
ate of Florida.	and of other wine referry deminer to	101000 000 11000 000 1100000 110000 11000 11000 11000 11000 11000 11000 11000 11000 11000 1	
0111011			
e number of shares	s of stock is:		
e number of shares	s of stock is: TIAL OFFICERS AND/OR DIRECT	ORS Name and Title:	16
e number of shares	s of stock is: TIAL OFFICERS AND/OR DIRECT		16 APR
Name and I	s of stock is: TIAL OFFICERS AND/OR DIRECT Title: Fabian Graff, President	Name and Title:	
RTICLE V INI Name and I	TIAL OFFICERS AND/OR DIRECT Title: Fabian Graff, President 3 Island Avenue	Name and Title:	APR R
RTICLE V INI Name and I	TIAL OFFICERS AND/OR DIRECT Title: Fabian Graff, President 3 Island Avenue Unit 5E	Name and Title:	20 20 32 32
RTICLE V INI Name and T Address	TIAL OFFICERS AND/OR DIRECT Title: Fabian Graff, President 3 Island Avenue Unit 5E	Name and Title:Address:	APR R
RTICLE V INI Name and T	TIAL OFFICERS AND/OR DIRECT Title: Fabian Graff, President 3 Island Avenue Unit 5E Miami, Florida 33137	Name and Title:Address:	20 20 32 32
Name and T	TIAL OFFICERS AND/OR DIRECT Title: Fabian Graff, President 3 Island Avenue Unit 5E Miami, Florida 33137	Name and Title: Address: Name and Title:	20 20 32 32
Name and T	TIAL OFFICERS AND/OR DIRECT Title: Fabian Graff, President 3 Island Avenue Unit 5E Miami, Florida 33137	Name and Title: Address: Name and Title:	20 20 32 32
Name and T	TIAL OFFICERS AND/OR DIRECT Title: Fabian Graff, President 3 Island Avenue Unit 5E Miami, Florida 33137	Name and Title: Address: Name and Title:	20 20 32 32
Name and T Address Name and T Address	TIAL OFFICERS AND/OR DIRECT Title: Fabian Graff, President 3 Island Avenue Unit 5E Miami, Florida 33137	Name and Title: Address: Name and Title:	## ## ## ## ## ## ## ## ## ## ## ## ##
Name and T Address Name and T Address	TIAL OFFICERS AND/OR DIRECT Title: Fabian Graff, President 3 Island Avenue Unit 5E Miami, Florida 33137	Name and Title: Address: Name and Title: Address: Name and Title:	## ## ## ## ## ## ## ## ## ## ## ## ##

Name a	and Title:	Name and Title:
Addre	ss	Address:
	·	
ARTICLE VI	REGISTERED AGENT	
	Florida street address (P.O. Box NOT accept Thomas G Sherman, P.A.	able) of the registered agent is:
Name:	90 Almeria Avenue	,
Address.	Coral Gables, Florida 33134	16 A
ADTICLE UT		APR - 3
AKIICLE VII	INCORPORATOR	ျှိနေရှိ ဇေ
The name and a	address of the Incorporator is:	
Name:	Thomas G. Sherman, P.A.	
Address:	90 Almeria Avenue	
	Coral Gables, Florida 33134	<u></u>
Effective date, it		. (OPTIONAL) cannot be more than five business days prior or 90 business
	e inserted in this block does not meet the apple effective date on the Department of State's rec	icable statutory filing requirements, this date will not be listed as cords.
Having been na this certificate, I	med as registered agent to accept service of p am familiar with and accept the physointment	process for the above stated corporation at the place designated in t as registered agent and agree to act in this capacity
	NT /	April 13, 2016
	Required Signature Registered Ages	nt Date
I submit this do	cument and affirm that the facts stated here Department of State constitutes a third degree	in are true. I am aware that the false information submitted in a e felony as provided for in s.817.155, F.S.
	H41	April 13, 2016
Requ	ured Signature/Inco/pordeor	Date

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