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Florida Department of State  
Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
FABIAN GRAFF, P.A.

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**COVER LETTER**

Department of State  
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**SUBJECT:** Fabian Graff, P.A.  
(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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Thomas G. Sherman, P.A.  
Name (Printed or typed)  
90 Almeria Avenue  
Address  
Coral Gables, Florida 33134  
City, State & Zip  
305/445-4458  
Daytime Telephone number  
tom@uniontitleservices.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** Fabian Graff, P.A.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address Mailing address, if different is:  
3 Island Avenue \_\_\_\_\_  
Unit 5E \_\_\_\_\_  
Miami, Florida 33137 \_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: \_\_\_\_\_  
The professional service corporation is formed to engage in every phase and aspect of the practice as a license real estate sales associate. In addition, the corporation may invest the funds of the professional service corporation in real estate, stocks, mortgages, bonds or any other type of investment and own real and personal property necessary for the rendering of professional services. The purposes of this corporation shall be carried out only through officers, employees and agents each of whom is licensed or otherwise legally qualified to render services as a license real estate sales associate in the State of Florida.

**ARTICLE IV SHARES** 1000  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title:	Fabian Graff, President	Name and Title:	_____
Address	3 Island Avenue	Address:	_____
	Unit 5E		_____
	Miami, Florida 33137		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Thomas G Sherman, P.A.  
 Address: 90 Almeria Avenue  
Coral Gables, Florida 33134

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 DIVISION OF CORPORATIONS

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Thomas G. Sherman, P.A.  
 Address: 90 Almeria Avenue  
Coral Gables, Florida 33134

**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*

\_\_\_\_\_  
 Required Signature/Registered Agent  
 April 13, 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.*

\_\_\_\_\_  
 Required Signature/Incorporator  
 April 13, 2016  
 \_\_\_\_\_  
 Date

Handwritten signature: *Thomas G Sherman*