

PL6000062239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

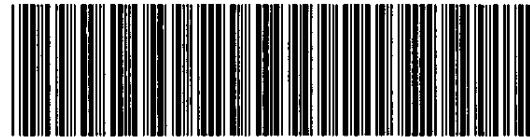
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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07/20/16--01009--010 \*78.75

16 JUL 20 AM 11:11  
FILER  
FILER

## COVER LETTER

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

**SUBJECT:** Justin M. Cramer, 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       \$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:** Justin Cramer  
Name (Printed or typed)  
  
350 S. Miami Ave #3913  
Address  
  
Miami, FL 33130  
City, State & Zip  
  
786-218-3845  
Daytime Telephone number  
  
jcram002@fiu.edu  
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** Justin M. Cramer, P.A.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address \_\_\_\_\_ Mailing address, if different is: \_\_\_\_\_  
350 S. Miami Ave #3913 \_\_\_\_\_  
Miami, FL 33130 \_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: To provide legal consulting services.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title:	Justin Cramer (President)	Name and Title:	_____
Address	350 S. Miami Ave #3913	Address:	_____
	Miami, FL 33130		_____
	_____		_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
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Address	_____	Address:	_____
	_____		_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
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Address	_____	Address:	_____
	_____		_____
	_____		_____
	_____		_____

15 JUL 20 AM 11:11

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: Justin Cramer  
\_\_\_\_\_  
Address: 350 S. Miami Ave #3913  
\_\_\_\_\_  
Miami, FL 33130  
\_\_\_\_\_

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

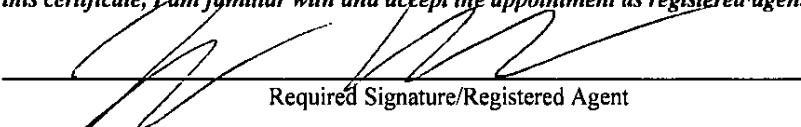
Name: American Trust Financial Partners LLC  
\_\_\_\_\_  
Address: 350 S. Miami Ave #3907  
\_\_\_\_\_  
Miami, FL 33130  
\_\_\_\_\_

#### 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.)

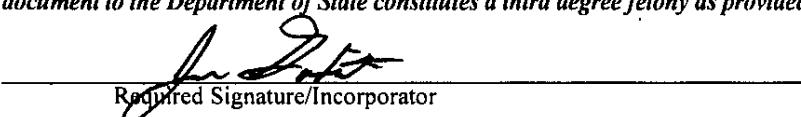
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

7-13-16  
\_\_\_\_\_  
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

7/13/16  
\_\_\_\_\_  
Date