

P1600010628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

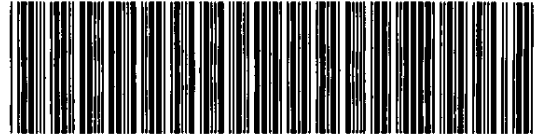
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/19/16--01015--019 **87.50

16 AUG 19 AM 11:37
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ms 8/26/16

COVER LETTER

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

SUBJECT: LESLIE ADLER CPA 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: LESLIE ADLER
Name (Printed or typed)

8140 SW 151ST
Address

PALMETTO BAY FL. 33158
City, State & Zip

305 301 3741
Daytime Telephone number

LESTORUN@AOL.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: LESLIE ADLER CPA P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9300 DADELAND BLVD 6TH FLOOR
MIAMI FL 33156

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CERTIFIED PUBLIC ACCOUNTANT OPENING OWN OFFICE

ARTICLE IV SHARES

The number of shares of stock is: 100

16 AUG 9 AM 11:37
STATE
TALLAHASSEE FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LESLIE ADLER PRESIDENT Name and Title:

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: LESLIE ADLER
Address: 8140 SW 151ST
PALMETTO BAY FL 33158

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: LESLIE ADLER
Address: 8140 SW 151ST
PALMETTO BAY FL 33158

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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

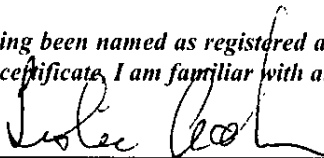
ARTICLE VIII EFFECTIVE DATE:

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

8/12/16
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

8/12/16
Date