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(Requestor's Name)

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(City/State/Zip/Phone #)

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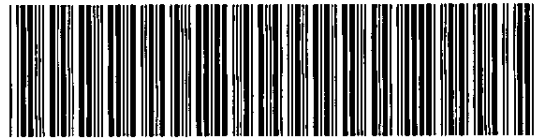
(Business Entity Name)

(Document Number)

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2016 OCT - 3 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

V HERRING  
OCT - 4 2016

## COVER LETTER

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

SUBJECT: Law Offices of Scott J. Gold, 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: Scott Gold  
Name (Printed or typed)  
12728 NW 13<sup>th</sup> Manor  
Address  
Coral Springs, FL 33071  
City, State & Zip  
954-675-9977  
Daytime Telephone number  
sgold@scottgoldpa.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: Law Offices of Scott J. Gold, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
501 SE 2nd Street, Apt. 601  
Fort Lauderdale, FL 33301

Mailing address, if different is:  
12728 NW 13<sup>th</sup> Manor  
Coral Springs, FL 33071

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Law firm

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: President Scott Gold

Address 12728 NW 13<sup>th</sup> Manor  
Coral Springs, FL 33071

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

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

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2006 OCT -3 PM 2:18  
SEAL OF THE STATE  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: FILED

Address \_\_\_\_\_ Address: 2016 OCT -3 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Scott Gold

Address: 12728 NW 13<sup>th</sup> Manor  
Coral Springs, FL 33071

**ARTICLE VII INCORPORATOR**

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

Name: Scott Gold

Address: 12728 NW 13<sup>th</sup> Manor  
Coral Springs, FL 33071

**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*

Scott Gold

Required Signature/Registered Agent

9-28-2016

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.*

Scott Gold

Required Signature/Incorporator

9-28-2016

Date