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COVER LETTER

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

SUBJECT: Allen S. Gendler, 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: Allen S. Gendler

Name (Printed or typed)

18300 NW 62nd Ave, Suite 200

Address

Miami, FL 33015

City, State & Zip

954-914-5383

Daytime Telephone number

allen@miami-law.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: Allen S. Gendler, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
18300 NW 62nd Ave, Suite 200

Miami, FL 33015

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Sales and Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Allen S. Gendler, President

Address 18300 NW 62nd Ave., Suite 200
Miami, FL 33015

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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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: Allen S. Gendler _____

Address: 18300 NW 62nd Ave., Suite 200 _____

Miami, FL 33015 _____

ARTICLE VII INCORPORATOR

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

Name: Allen S. Gendler _____

Address: 18300 NW 62nd Ave., Suite 200 _____

Miami, FL 33015 _____

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.

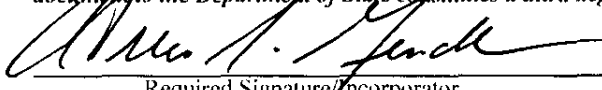


Required Signature/Registered Agent

10/03/16

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

10/03/16

Date

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