

P17000086845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

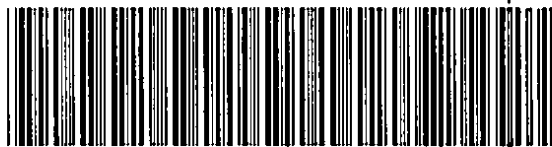
(Business Entity Name)

(Document Number)

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

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17 OCT 26 AM 10:30

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## COVER LETTER

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

SUBJECT: Erica Lipman, PA  
\_\_\_\_\_  
(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: Erica Lipman  
\_\_\_\_\_  
Name (Printed or typed)  
  
11173 Misty Ridge Way  
\_\_\_\_\_  
Address  
  
Boynton Beach, FL 33473  
\_\_\_\_\_  
City, State & Zip  
  
(561) 504-7600  
\_\_\_\_\_  
Daytime Telephone number  
  
ericalipman@gmail.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

Erica Lipman, PA

The name of the corporation shall be: \_\_\_\_\_

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11173 Misty Ridge Way

Boynton Beach, FL 33473

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

To represent clients in the buying and selling of real property within the state of Florida.

## ARTICLE IV SHARES

100

The number of shares of stock is: \_\_\_\_\_

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Erica Lipman, President

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

Address 11173 Misty Ridge Way

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

Boynton Beach, FL 33473

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

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

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

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

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17 OCT 26 AM 10:30  
CLERK OF CIRCUIT COURT  
JANUARY 17, 2018

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: Erica Lipman  
Address: 11173 Misty Ridge Way  
Boynton Beach, FL 33473

**ARTICLE VII INCORPORATOR**

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

Name: Erica Lipman  
Address: 11173 Misty Ridge Way  
Boynton Beach, FL 33473

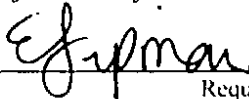
**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 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*

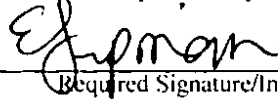


Required Signature/Registered Agent

10/20/17

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

10/20/17

Date