

P17000091808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

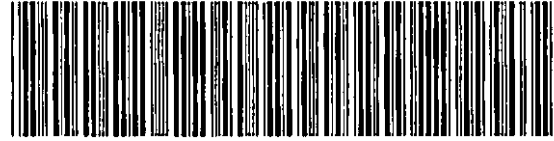
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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NOV 13 2017

COVER LETTER

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

SUBJECT: Feinberg Family Law and Mediation, 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: Lee Feinberg
Name (Printed or typed)
P.O. Box 357054
Address
Bonita Springs, FL 34136
City, State & Zip
7729245922
Daytime Telephone number
LNFesq@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

The name of the corporation shall be: Feinberg Family Law and Mediation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6017 Pine Ridge Road, Suite 162

P.O. Box 367054

Naples, FL 34119

Bonita Springs, FL 34136

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For any and all purposes which are legal under Florida Law

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lee Feinberg, President

Name and Title: Lee Feinberg, Secretary

Address 6017 Pine Ridge Road

Address: 6017 Pine Ridge Road

Suite 162

Suite 162

Naples, FL 34119

Naples, FL 34119

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: Lee Feinberg _____

Address: 6017 Pine Ridge Road, Suite 162 _____

Naples, FL 34119 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lee Feinberg _____

Address: _____

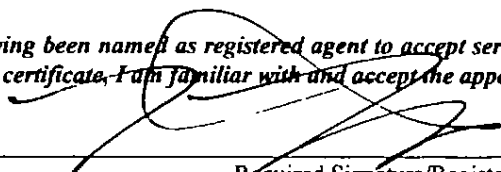
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: November 6, 2017 _____ (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

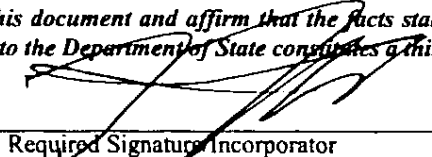


Required Signature/Registered Agent

11/7/17

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

11/7/17

Date

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& Certificate of
Status

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Name (Printed or typed)

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City, State & Zip

7729245922

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2017 NOV 13 PM 1:15

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Naples, FL 34119 _____

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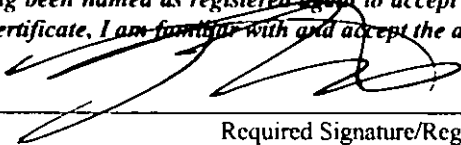
November 6, 2017

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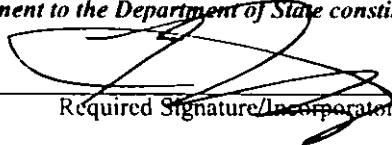
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

11/22/17
Date

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Required Signature/Incorporator

11/22/17
Date