

7/31/2018

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H18000220044 3)))



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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
JEFFREY D FELDMAN P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2018 JUL 31 PM 1:46

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LEGALINC CORPORATE SERVICES
INFORMATION SERVICES

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
18 JUL 31 PM 3:25

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME JEFFREY D. FELDMAN, P.A.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:

8910 S.W. 108th Street

Miami, Florida 33176

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to engage in the practice of law and engage in related and incidental
activities permitted under the Professional Services Corporation Act, and other laws of the State of Florida, and all
amendments and supplements thereto, or any law enacted to take place thereof.

ARTICLE IV SHARES 1,000 at par value of \$1.00
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Jeffrey D. Feldman, President/Director	Name and Title:	_____
Address	8910 S.W. 108th Street	Address:	_____
	Miami, Florida 33176		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	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: M & W Agents, Inc.
Address: 2101 NW Corporate Blvd., Suite 107
Boca Raton, Florida 33431

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert A. Chaves
Address: 2101 NW Corporate Blvd., Suite 107
Boca Raton, Florida 33431

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: August 1, 2018 (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

7-31-18
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

7-31-18
Date

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