

P18 WWS 83028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only

W18CW 82454

OCT 03 2018

T. SCOTT



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SECRET
TALLAHASSEE, FL 32301

2018 SEP 27 AM 8:20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2018

STEPHEN MELNICK
629 SE 5TH AVE
FT LAUDERDALE, FL 33301

SUBJECT: STEPHAN A. MELNICK P.A.
Ref. Number: W18000082454

We have received your document for STEPHAN A. MELNICK P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 118A00019167

COVER LETTER

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

SUBJECT:

Stephen A. Melnick 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:

Stephen Melnick
Name (Printed or typed)

629 SE 5th AVE
Address

Fl. Lauderdale, FL 33301
City, State & Zip

954-462-7234
Daytime Telephone number

Melnick.Lawfirm@gmail.com
E-mail address: (to be used for future annual report notification)

EIN # 65-0763741

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:

Stephen A. Melnick P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

629 SE 5th Ave

Ft. Lauderdale, FL 33301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

a criminal

Defense Law office for
Pooki

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Stephen Melnick

Address

629 SE 5th Ave
Ft. Lauderdale, FL
33301

Name and Title:

President / Director

Address:

629 SE 5th Ave
Ft. Lauderdale, FL
33301

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
2019 SEP 27 AM 8:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Stephen Melnick

Address: 629 SE 5th Ave
Ft. Lauderdale, FL 33301

ARTICLE VII INCORPORATOR

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

Name: Stephen Melnick

Address: 629 SE 5th Ave
Ft. Lauderdale, FL 33301

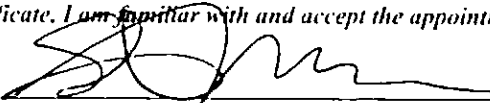
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9-1-18 (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

9/1/18

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

9/1/18

Date