

P180000088295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

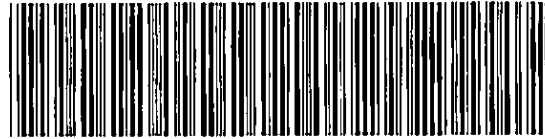
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
18 OCT 24 PM 3:20

FILED
18 OCT 24 AM 9:22
T. SCHROEDER

OCT 25 2018
T SCHROEDER

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserve.com
e-mail: info@incserv.com



ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 10/24/2018

PRIORITY Routine

OUR REF.# (Order ID#) 692576

ORDER ENTITY

ELI B. HOROWITZ CPA P.A.

PLEASE PERFORM THE FOLLOWING SERVICES:

ELI B. HOROWITZ CPA P.A. (FL)

New corp filing

NOTES:

\$70.00 Authorized

Email address for annual report reminders: phoebe.gordon@usa-corporate.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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: ELI B HOROWITZ CPA P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

200 KNUTH RD

4100 NW 7TH LN

BOYNTON BEACH, FL 33436

DELRAY BEACH FL 33445

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: IN THE PRACTICE OF PUBLIC ACCOUNTANCY

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELI HOROWITZ D/P

Name and Title: _____

Address 4100 NW 7TH LN

Address: _____

DELRAY BEACH FL 33445

Name and Title: SUSAN MURRAY D/V/T

Name and Title: _____

Address 4100 NW 7TH LN

Address: _____

DELRAY BEACH FL 33445

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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18 OCT 24 AM 9:22
SUSAN MURRAY
4100 NW 7TH LN
DELRAY BEACH FL 33445

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: ELI HOROWITZ
Address: 4100 NW 7TH LN
DELRAY BEACH FL 33445

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HSIN-HUI GORDON
Address: 19 W 34TH STREET STE 1018
NEW YORK NY 10001


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.)

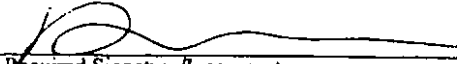
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10/24/18
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

10/24/18
Date

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18 OCT 24 AM 9:22
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT