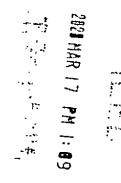
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| PICK-UP WAIT MAIL |
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| Special last systems to Filling Officer |
| Special Instructions to Filing Officer: |
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T. SCOTT



February 27, 2020

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CHRIS GIESEKING 4455 MILITARY TRAIL #100 JUPITER, FL 33458

SUBJECT: CHRISTOPHER HUNTER GIESEKING P.A.

Ref. Number: W20000019399

We have received your document for CHRISTOPHER HUNTER GIESEKING P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

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.

Letter Number: 520A00004030

Tyrone Scott Regulatory Specialist II New Filings Section

www.sunbiz.org

| | LES OF INCORPORATION napter 607 and/or Chapter 621, F.S. (Profit) | |
|--|--|----------------------------|
| ARTICLE I NAME The name of the corporation shall be: | er Hunter Greeking | P.A. |
| ARTICLE II PRINCIPAL OFFICE Char Growins Principal street address 4455 Milliary from Soute 10 Jupiter, FL 33458 | Mailing address | , if different is: |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is | Real Estate & | ousines 5 |
| | | |
| | | |
| ARTICLE IV SHARES The number of shares of stock is: /OU | | |
| Name and Title: Name and Title | | |
| Address 4455 Wikery | | |
| Supriter, TE | 33458 | |
| Name and Title: | Name and Title: | |
| Address | Address: | |
| | | 22 11 12 12 13 |
| Name and Title: | Name and Title: | |
| Address | | IX |
| | | *** |

| Name and Title | <u>:</u> | Name and Title: | |
|---|--|-------------------------------------|------------------------------------|
| Address | | Address: | <u></u> |
| | | <u> </u> | |
| | | | |
| ARTICLE VI REGIS | | | |
| (1) | s treet address (P.O. Box NOT acce NG STEELING | ptable) of the registered agent is: | |
| Name: \mathcal{Y} Address: | | Bute 100 | |
| Address. | prier, FL 3345E |) | |
| <u>ARTICLE VII INCO</u> | RPORATOR | | |
| The <u>name and address</u> | of the Incorporator is: | | |
| Name: | 111/5 (HEE/FIND) | 121/ Suite 100 | |
| Address: | 9955 Millery 91 | <u>ui/</u> Suite 100 | |
| _ | /- | / 4 | |
| ARTICLE VIII EFFI Effective date, if other t | han the date of filing: | 1 2020 (OPTIO | · |
| (If an effective date is filing.) | listed, the date must be specific a | nd cannot be more than five d | ays prior or 90 days after the |
| | ed in this block does not meet the age date on the Department of State's | | ements, this date will not be list |
| | egistered agent to accept service of with and accept the appointment a | | |
| Certificate, Fum Jumina. | | | 1/24/20 |
| - CMM (| Required Signature Registered A | gent | Date |
| | | rein are true. I am aware that | |