

P20000047724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

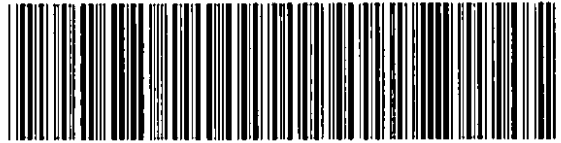
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



100346989191

FILED
2020 JUN 25 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUN 25 PM 1:15

NOTED

7/1/20

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 6/25/2020

****WALK IN****

ENTITY NAME HELEN M. MITTELMAN

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 78.75

ACCOUNT # 120140000108
United Corporate
Services, Inc.

Keith Leppard

Please call Tina at the above number for any issues or concerns. Thank you so much!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2020

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

SUBJECT: HELEN M. MITTELMAN P.A.
Ref. Number: W20000065823

CORRECTED
Please Allow For
Same File Date

We have received your document for HELEN M. MITTELMAN P.A. and your check(s) totaling \$. 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 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 720A00012701

2020 JUN 29 PM 1:07

FILED

2020 JUN 25 AM 9: 55

ARTICLES OF INCORPORATION

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

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I NAME

The name of the corporation shall be:

Helen M. Mittelman, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5700 Collins Avenue, #16F

Miami Beach, FL 33140

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____ the practice of Law

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Helen M. Mittelman, Director

Name and Title: _____

Address 5700 Collins Avenue #16F

Address: _____

Miami Beach, FL 33140

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: Helen M. Mittelman
Address: 5700 Collins Avenue, #16F
Miami Beach, FL 33140

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Helen M. Mittelman
Address: 5700 Collins Avenue, #16F
Miami Beach, FL 33140

2020 JUN 25 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

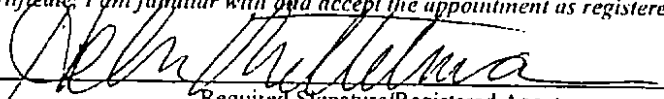
ARTICLE VIII EFFECTIVE DATE:

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

June 24, 2020

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

June 24, 2020

Date