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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (917)243-5843

****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
LAW OFFICE OF IRA HALFOND, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2020 DEC 16 AM 11:02

Derrick Thompson

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12/12/2020



December 16, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BLUMBERG/EXCELSIOR

SUBJECT: LAW OFFICE OF IRA HALFOND, P.A.
REF: W20000143254

We have received your document for LAW OFFICE OF IRA HALFOND, 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.

WILLIAM LAWRENCE
Regulatory Specialist II

FAX Aud. #: H20000427647
Letter Number: 820A00025427

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: LAW OFFICE OF IRA HALFOND, P.A.

ARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address

Mailing address, if different is:

591 LANDSHARK BOULEVARD591 LANDSHARK BOULEVARDDAYTONA BEACH, FL 32124DAYTONA BEACH, FL 32124**ARTICLE III PURPOSE**

professional legal counseling and advice

The purpose for which the corporation is organized is:

To engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARESThe number of shares of stock is: 1000 NPV**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: IRA HALFOND, Director

Name and Title: _____

Address

591 LANDSHARK BOULEVARD

Address: _____

DAYTONA BEACH, FL 32124

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: IRA HALFOND
Address: 591 LANDSHARK BOULEVARD
DAYTONA BEACH, FL 32124

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: IRA HALFOND
Address: 591 LANDSHARK BOULEVARD
DAYTONA BEACH, FL 32124

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JANUARY 01, 2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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

x

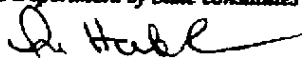


Required Signature/Registered Agent

12/15/2020
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.

x



Required Signature/Incorporator

12/15/2020
Date