

# P210000 FS110

\_\_\_\_\_  
(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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Office Use Only



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2021 FEB 16 11:42 AM  
FEB 16 2021

2021 FEB 16 PM 2:08  
FEB 16 2021

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 2/16/2021

**\*\*WALK IN\*\***

ENTITY NAME GEORGE M. BURNS, PA

DOCUMENT NUMBER \_\_\_\_\_

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

XXXXXX

*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 \_\_\_\_\_

AMOUNT DUE \$ 70

ACCOUNT # 120160000072

*W: c DW*

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

## COVER LETTER

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

**SUBJECT:** GEORGE M. BURNS, PA  
(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       \$78.75  
Filing Fee      Filing Fee  
& Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Thomas G. Sherman, P.A.  
Name (Printed or typed)

90 Almeria Avenue  
Address

Coral Gables, FL 33134  
City, State & Zip

305-448-5898  
Daytime Telephone number

gburns@onesir.net  
E-mail address: (to be used for future annual report notification)

**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: GEORGE M. BURNS, PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1330 West Ave Apt 509 Miami Beach FL 33139

1330 West Ave Apt 509 Miami Beach FL 33139

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To set up a PA for the principal as a licensed Realtor.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

2021 FEB 16 PM 2:08

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: George M. Burns, President Name and Title: \_\_\_\_\_

Address: 1330 West Ave Apt 509 Miami Beach FL 33139 Address: \_\_\_\_\_

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: Thomas G. Sherman, P.A.  
Address: 90 Almeria Avenue  
Coral Gables, FL 33134

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: George M Burns  
Address: 1330 West Ave Apt 509 Miami Beach, FL 33139  
\_\_\_\_\_

**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  
\_\_\_\_\_ 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.*

George Burns  
Required Signature/Incorporator  
\_\_\_\_\_ Date Feb 12, 2021