Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210000930463)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Phone : (323)962-3889 Fax Number

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 Christopher Huber P.A.

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J. FASON

MAR 09 2021

Estimated Charge \$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

From: Alan Geruna

From: Alan Genzlinger

COVER LETTER

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

١.							
SUBJECT: Christopher Huber P.A. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)							
S78.75 Filing Fee & Certified Co	□ \$87.50 Filing fee,						
F.	S78.75 Filing Fee & Certified Co						

Cheyenne Moseley, Legalzoom.com, Inc.
Name (Printed or typed)
101 N. Brand Blvd., 11th Floor
Address
Glendale, CA 91203
City, State & Zip
323-962-8600 ext. 7625
Daytime Telephone number
•

NOTE: Please provide the original and one copy of the articles.

Page: 4 of 5

ARTICLES OF INCORPORATION

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

The name of the corporat	ion shall be: Christopher Huber P.	<u>A.</u>			
ARTICLE II PRINC	IPAL OFFICE Principal <u>street</u> address		Mailing address, if different is:		
2355 SW Neal Rd					
Port Saint Lucie, F	L 34953				
ARTICLE III PURPO The purpose for which th	ISE ne corporation is organized is: Real Es	tate			
					
					
	LOFFICERS AND/OR DIRECTORS				
Name and Title	Christopher Huber, PTSD	Name and Title:			
Address	2355 SW Neal Rd	Address:			
	Port Saint Lucie, FL 34953				
			2		
Name and Title:		Name and Title:			
Address			1		
Address		Address.			
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			: 02		
Name and Title:		Name and Title:	·		
Address		Address:			
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Name and	d Title:	Name and Title:			
Address		Address:			
			 -		
					
ARTICLE VI	REGISTERED AGENT				
	orida street address (P.O. Box NOT acceptable) of	the registered agent is:			
Name:	Christopher Huber, PTSD				
Address:	2355 SW Neal Rd	_			
	Port Saint Lucie, FL 34953	-			
ARTICI E VII	<u>INCORPORATOR</u>			2	
•				2021 HAR	
The name and ad	Idness of the Incorporator is:			<u> </u>	
Name:	Cheyenne Moseley, Legalzoom.com, Inc	5 .		1	
Address:	101 N. Brand Blvd., 11th Floor,	_		8	
	Glendale, CA 91203	_		ėн 9:	3
			÷	9: 02	
ARTICLE VIII	EFFECTIVE DATE:		•	2	
Effective date, if	other than the date of filing:	(OPTIONAL	_)		
(If an effective d filing.)	ate is listed, the date must be specific and cannot	it be more than five days [prior or 90 days	after th	c
	inserted in this block does not meet the applicable ffective date on the Department of State's records.	statutory filing requiremen	ns, this date will	not be lis	sted as
	ed as registered agent to accept service of process formiliar right and accept the appointment as register			esignated	Lin this
(Mm		02/16	120	21
	Required Signature/Registered Agent Christopher Huber		02/16/2021 Date		
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am invare that the		ı submitt	ted in a
	nm.		03/08/2		
Required Signatu	re/Incorporator Cheyenne Mo	seley, Assistant Secretary, I)ate Legalzoom.com.	loc.	