

P21000034178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

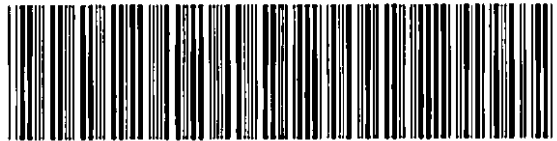
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CORPORATE
ACCESS,
INC.**

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WALK IN

PICK UP: 4/15 Glinda

- ☐ **CERTIFIED COPY** _____
- XX** **PHOTOCOPY** _____
- ☐ **CUS** _____
- XX** **FILING** ARTICLES _____

1. MARTIN LANGESFELD P.A.
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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:

Martin Langesfeld P.A.

Article II - Principal Office

The street address of the principal office of the corporation is:

11310 NW 53rd Lane, Doral, FL, 33178

Article III - Purpose

The purpose for which the corporation is organized is for any and all lawful purposes.

Article IV - Shares

The number of shares of stock is 100 at a par value of \$1.00

Article V - Initial Officers And/Or Directors

The Initial Officers and/or Directors of the corporation are:

Title: President

Martin Langesfeld

11310 NW 53rd Lane, Doral, FL, 33178

Article VI - Registered Agent

The name and street address of the registered agent is:

Lisette Salazar, Esq.

200 Crandon Blvd. #311, Key Biscayne, Florida 33149

Article VII - Incorporator

The name and address of the Incorporator is:

Lisette Salazar, Esq.

200 Crandon Blvd. #311, Key Biscayne, Florida 33149

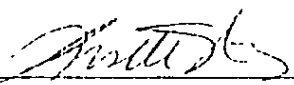
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Article VIII - Effective Date

The effective date for this corporation shall be April 9, 2021.

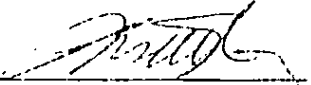
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: _____


Lisette Salazar, Esq.

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.

Signature Incorporator: _____


Lisette Salazar, Esq.

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