

5/4/2021

Division of Corporations

P21000040057

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : MILBERY & KESSELMAN CPAS, LLC
Account Number : I20180000053
Phone : (954)583-3223
Fax Number : (954)583-3259

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION
JAMIE SAFFRAN P.A

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

COVER LETTER

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

SUBJECT: JAMIE SAFFRAN, P.A.
(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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: JAMIE CAROLINA SAFFRAN
Name (Printed or typed)
6815 LAKESIDE CIRCLE N
Address
DAVIE, FL 33314
City, State & Zip
954-817-7423
Daytime Telephone number
JAMIE.SAFFRAN@CBREALTY.COM
E-mail address: (to be used for future annual report notification)

FILED
2021 MAY -4 AM 10:15
TALLAHASSEE, FL

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 NAMEThe name of the corporation shall be: **JAMIE SAFFRAN, P.A.****ARTICLE II PRINCIPAL OFFICE**Principal street address
6815 LAKESIDE CIRCLE N
DAVIE, FL 33314

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: **REAL ESTATE SALES****ARTICLE IV SHARES**The number of shares of stock is: **100****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **JAMIE CAROLINA SAFFRON, PRESIDENT**Address **6815 LAKESIDE CIRCLE N**
DAVIE, FL 33314

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

2021 MAY -4 AM 10:15

FILED

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: JAMIE CAROLINA SAFFRAN
Address: 6815 LAKESIDE CIRCLE N
DAVIE, FL 33314

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: JAMIE CAROLINA SAFFRAN
Address: 6815 LAKESIDE CIRCLE N
DAVIE, FL 33314

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 registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am qualified with and accept the appointment as registered agent and agree to act in this capacity.

Required Signature/Registered Agent ☐ 05/04/2021
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.817.133, F.S.

Required Signature/Incorporator ☐ 05/04/2021
Date

2021 MAY -4 AM 10:15

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