

P22000039171

(Requestor's Name)

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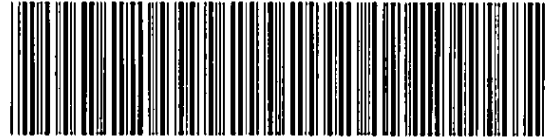
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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3458 Lakeshore Drive, Tallahassee, FL 32312
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Date: 05/19/2022

Acc#I20160000072

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Name:	G. P. Schafer Architecture & Design, Inc.
Document #:	
Order #:	14339336

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
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COVER LETTER

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

SUBJECT: G. P. Schafer Architecture & Design, Inc.

(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: James T. Nerangis
Name (Printed or typed)

Levy Sonet & Siegel, LLP, 630 Third Avenue, 21st Floor
Address

New York, NY 10017
City, State & Zip

212-661-1212
Daytime Telephone number

jnerangis@lsslip.com
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: G. P. Schafer Architecture & Design, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

700 S. Rosemary Ave. Suite 204-146

West Palm Beach, FL 33401

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any and all lawful business.

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ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gilbert P. Schafer, III, President

Name and Title: Louis Taylor, Treasurer

Address: 700 S. Rosemary Ave. Suite 204-146
West Palm Beach, FL 33401

Address: 700 S. Rosemary Ave. Suite 204-146
West Palm Beach, FL 33401

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: C T Corporation System
Address: 1200 South Pine Island Road Plantation,
FL 33324

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: James T. Nerangis
Address: 630 Third Avenue, 21st Floor
New York, NY 10017

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TALLAHASSEE, FL

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.

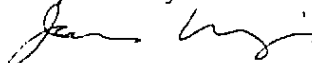
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

By: C T Corporation System

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.



Required Signature/Incorporator

5/18/2022

Date