

P22000072428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

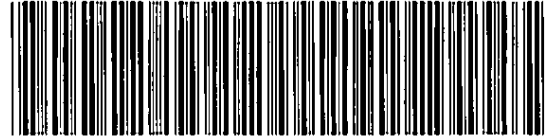
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM

SEP 19 2022

RECEIVED
2022 SEP 19 PM 3:18
SECRETARY OF STATE
FALLAHASSEE, FLORIDA
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP 19 PM 3:07

COVER LETTER

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

SUBJECT: _____ Robert Schmidt, CPA, 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

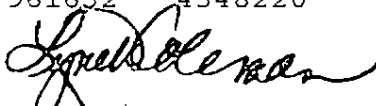
\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: _____ Steven R. Berger
_____ Name (Printed or typed)
_____ c/o Vedder Price, P.C., 1633 Broadway, 31st Floor
_____ Address
_____ New York, NY 10019
_____ City, State & Zip
_____ 212-407-7714
_____ Daytime Telephone number
_____ sberger@vedderprice.com
_____ E-mail address: (to be used for future annual report notification)

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

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 961632 4348220
AUTHORIZATION : 
COST LIMIT : \$ 70.00

ORDER DATE : September 19, 2022
ORDER TIME : 1:16 PM
ORDER NO. : 961632-005
CUSTOMER NO: 4348220

DOMESTIC FILING

NAME: ROBERT SCHMIDT, CPA, P.A.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: _____

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: Robert Schmidt, CPA, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
c/o Marcum S Corp Legal, 10 Melville Park Road
Melville, NY 11747

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Public Accountancy

ARTICLE IV SHARES

The number of shares of stock is: 1,000 common shares, \$0.01 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Schmidt, President

Name and Title: _____

Address 2200 S. Ocean Lane, Apt# 1802
Ft. Lauderdale, FL 33316

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP 19 PM 3:07

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: Robert Schmidt _____

Address: 2200 S. Ocean Lane, Apt# 1802 _____

Ft. Lauderdale, FL 33316 _____

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DIVISION OF CORPORATIONS
22 SEP 19 PM 3:07

ARTICLE VII INCORPORATOR

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

Name: Robert Schmidt _____

Address: 2200 S. Ocean Lane, Apt# 1802 _____

Ft. Lauderdale, FL 33316 _____

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:

DocuSigned by:
Robert Schmidt Sep 14, 2022
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.

DocuSigned by:
Robert Schmidt Sep 14, 2022
Required Signature/Incorporator Date