2300006318

(Requestor's Name)
(Address)
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IAT APASSE FIRE

2023 JAN 11 AM 5: 51

D. O'KEEFE JAN 2 7 2023 TO: STATE OF FLORIDA DEPARTMENT OF STATE

FROM: ROBERT GREENBERG, CLTC

RF: STARTING A NEW CORPORATION

To Whom It May Concern,

My name is Robert Greenberg, CLTC and my Business name is Robert Greenberg, P.A. and the number is P95000024512-I am the owner and I want to start another Company so I am releasing the name so I can start again as Robert Greenberg, P.A. I am enclosing a check in the amount of \$87.50 for the initial payment for a January 1, 2023 effective date.

Thank you,

Robert Greenberg, CLTC

Boh Hearley

The foregoing instrument was acknowledged by KNNLT Syllnowledged by

A/A/A

Notary Public signature_

and the second

MARYSOL BENNIN Notary Public, State of F Commission# HH 2771 My comm. expires June 19

COVER LETTER

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

SUBJECT:	PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)		
	(PROPOSED CORPORA	TE NAME - MUST INCL	<u>ude suffix</u>)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM:	Robert Gr		
_	1861 SW Gran	Address	
	Port St. Luc	re, FL 3 4953 . State & Zip	
	772-3 40-7141 Daytime		
	greenbergio a	of . Co M	potification)

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 corporati	ion shall be: Robert Gre	enberg, P.A.			
ARTICLE II PRINCIPAL OFFICE Principal street address 1861 SW Grant Ave Port St. Lucie, FL 34953		Mailing addr	Mailing address, if different is:		
ARTICLE III PURPO The purpose for which th	SE ne corporation is organized is:	Tax purposes			
ARTICLE IV _ SHARE The number of shares of s	itock is:		2023 JAN II AF		
	LOFFICERS AND/OR DIRECTORS Robert Greenberg, Presil 1861 SW Grant Ava Port St. Lucie, FL34953	Name and Title:Address:	5: 5: 5: 5:		
		Address:			
		Name and Title:			

Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box : Name: A SCAL CLARK	perf	
Name: Robert Greenb Address: 1861 SW Gran Port St. Lucie	ALI SHASSIEL FINE	· •
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		1
Name: Robert Green	perb	
Name: Robert Green Address: 1861 SW Gran Port St. Lu	t Ave cie FL34953	
filing.)	specific and cannot be more than five days prior or 90 days after the neet the applicable statutory filing requirements, this date will not be listed a	ıs
certificate. I am familiar with and accept the appo	service of process for the above stated corporation at the place designated in	his
Required Signature/Reg	12/15/2022	
Required Signature/Re	gistered Agent Date	
I submit this document and affirm that the facts document to the Department of State constitutes a	s stated herein are true. I am aware that the false information submitted in a third degree felony as provided for in s.817.155, F.S.	1.6
Robert Theateg	Date 12/15/2022	
Required Signature/Incorporator	Date	-