

P24000075978

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516)813-1184
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Email Address: bob@viniarcpa.com

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SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA PROFIT/NON PROFIT CORPORATION
Michael S Herman PA

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Michael S Herman PA**ARTICLE II PRINCIPAL OFFICE**Principal street address1001 W Indiantown Rd Ste 101Jupiter, FL 33458

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Attorney**ARTICLE IV SHARES**The number of shares of stock is: 200 at No Par Value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Michael S Herman - President/Director

Name and Title: _____

Address 1001 W Indiantown Rd Ste 101

Address: _____

Jupiter, FL 33458

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

H24000413339

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

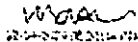
ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Michael S HermanAddress: 1001 W Indiantown Rd Ste 101Jupiter, FL 33458**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Michael S HermanAddress: 1001 W Indiantown Rd Ste 101Jupiter, FL 33458FILED
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TALLAHASSEE
STATE
SECRETARY**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.)

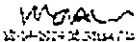
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


15168131184Required Signature/Registered Agent Michael S HermanDecember 11, 2024

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.


15168131184Required Signature/Incorporator Michael S HermanDecember 11, 2024

Date

H24000413339