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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

K 06/02/11

# COVER LETTER

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

SUBJECT: Rachel Kain Nebb, O.D., 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: Rachel Kain Nebb
Name (Printed or typed)

9734 Tapestry Park Circle Apt. 405
Address

Jacksonville, FL 32246
City, State & Zip

203-606-4256
Daytime Telephone number

rachel2435@gmail.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: Rachel Kain Nebb, O.D., P.A.

***ARTICLE II PRINCIPAL OFFICE***

Principal **street** address
13534 Beach Blvd Suite 3
Jacksonville, FL 32224

Mailing address, if different is:
9734 Tapestry Park Circle Apt. 405
Jacksonville, FL 32246

***ARTICLE III PURPOSE***
The purpose for which the corporation is organized is:
Practice of Optometry

***ARTICLE IV SHARES***
The number of shares of stock is: 10

***ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS***

Name and Title: Rachel Kain Nebb President
Address: 9734 Tapestry Park Circle Apt. 405
Jacksonville, FL 32246

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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TALLAHASSEE, FLORIDA

***ARTICLE VI REGISTERED AGENT***
The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:
Name: Rachel Kain Nebb
Address: 9734 Tapestry Park Circle Apt. 405
Jacksonville, FL 32246

***ARTICLE VII INCORPORATOR***
The **name and address** of the Incorporator is:
Name: Rachel Kain Nebb
Address: 9734 Tapestry Park Circle Apt. 405
Jacksonville, FL 32246

***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***

Rachel Kain Nebb
Required Signature/Registered Agent

5/26/11
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.***

Rachel Kain Nebb
Required Signature/Incorporator

5/26/11
Date

Rachel Kain Nebb