P13000070010

| (Requestor's Name) | | | | |
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| (Address) | | | | |
| (Address) | | | | |
| (Marcos) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Dusiness Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| File 2nd | | | | |
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SECRETARY OF STATE ALLAHASSEE, FLORID

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ACCOUNT NO. : 12000000195

REFERENCE: 752201

7950675

AUTHORIZATION :

COST LIMIT :

ORDER DATE : August 5, 2013 **PLEASE FILE 2ND**

EXAMINER'S INITIALS:

DISSOLUTION IS FILE 1ST

ORDER TIME : 12:57 PM

DUE TO MULTIPLE ERRORS

ON THE FIRST FORMATION FILING**

ORDER NO. : 752201-016

CUSTOMER NO: 7950675

DOMESTIC FILING

NAME:

LANCE NATHANIEL SCIDA, PA

EFFECTIVE DATE:

| | ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION |
|---------|---|
| PLEASE | RETURN THE FOLLOWING AS PROOF OF FILING: |
| XX | CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |
| CONTACT | PERSON: Susie Knight - EXT. 52956 |



August 23, 2013

RESUBMIT

CSC

Please give original submission date as file date.

WALK-IN

SUBJECT: LANCE NATHANIEL SCIDA, PA

Ref. Number: W13000046945

We have received your document for LANCE NATHANIEL SCIDA, PA and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 613A00020141

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DELYSTREAT OF STATE

Florida Department of State

Division of Corporation

Tallahassee, FL 32301



This letter is to state that Lance Nathaniel Scida, PA, FL document number P13000065293 has filed a dissolution dated 8/22/2013 and has no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Lance Nathaniel Scida

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

| CLE II P. | RINCIPAL OFFICE | | | SEC |
|---|---|---|-------------------------|-------------|
| | Principal street address | | Mailing address, if dis | fferentis |
| NW 28TH·W | AY | | | 55 |
| A RATON FL | | | | SEL |
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| CLE III PU | URPOSE sh the corporation is organized is: | ATE SERVICES | 3 | ORID |
| irpose for write | on the corporation is organized is: | | | |
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| CLE IV SI mber of shares | HARES 1500 AT 0.00 PAR VALUE of stock is: | | | |
| mber of shares | VITIAL OFFICERS AND/OR DIRECTOR | <u></u> | | |
| CLE V IN | VITIAL OFFICERS AND/OR DIRECTOR | | ; | |
| CLE V IN | VITIAL OFFICERS AND/OR DIRECTOR LANCE NATHANIEL SCIDA PRESIDENT | _ Name and Title: | | |
| CLE V IN | VITIAL OFFICERS AND/OR DIRECTOR Ide: LANCE NATHANIEL SCIDA PRESIDENT 4740 NW 28TH WAY | _ Name and Title: | ; | |
| CLE V IN | VITIAL OFFICERS AND/OR DIRECTOR LANCE NATHANIEL SCIDA PRESIDENT | _ Name and Title: | | |
| CLE V IN | VITIAL OFFICERS AND/OR DIRECTOR Ide: LANCE NATHANIEL SCIDA PRESIDENT 4740 NW 28TH WAY | _ Name and Title: | | |
| CLE V IN Name and Ti Address | WITIAL OFFICERS AND/OR DIRECTOR LANCE NATHANIEL SCIDA PRESIDENT 4740 NW 28TH WAY BOCA RATON FL 33434 US | Name and Title: Address: | | |
| CLE V IN Name and Ti Address | WITIAL OFFICERS AND/OR DIRECTOR ILLE: LANCE NATHANIEL SCIDA PRESIDENT 4740 NW 28TH WAY BOCA RATON FL 33434 US ILLE: LANCE NATHANIEL SCIDA DIRECTOR | Name and Title: Address: | | |
| CLE V IN Name and Ti Address | WITIAL OFFICERS AND/OR DIRECTOR LANCE NATHANIEL SCIDA PRESIDENT 4740 NW 28TH WAY BOCA RATON FL 33434 US LANCE NATHANIEL SCIDA DIRECTOR | Name and Title: Address: | | |
| Name and Ti Address Name and Tit | WITIAL OFFICERS AND/OR DIRECTOR LANCE NATHANIEL SCIDA PRESIDENT 4740 NW 28TH WAY BOCA RATON FL 33434 US LANCE NATHANIEL SCIDA DIRECTOR | Name and Title: Address: Name and Title: | | |
| Name and Ti Address Name and Tit | WITIAL OFFICERS AND/OR DIRECTOR itle: LANCE NATHANIEL SCIDA PRESIDENT 4740 NW 28TH WAY BOCA RATON FL 33434 US LANCE NATHANIEL SCIDA DIRECTOR 4740 NW 28TH WAY | Name and Title: Address: Name and Title: | | |
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| ARTICLE VI | REGISTERED AGENT | S. Balling Co., Language | णु 🕏 | | |
| The name and Fl | lorida street address (P.O. Box NOT acceptable | e) of the registered agent is: | FLC ST | | |
| Name: | CORPORATION SERVICE COMPANY | | RE 2 | | |
| Address: | 1201 HAYS STREET | ·— | OA OA | | |
| | TALLAHASSEE FL 32301 | | | | |
| | T. C. | | | | |
| ARTICLE VII | INCORPORATOR | | | | |
| The name and ad | Idress of the Incorporator is: | | | | |
| Name: | LANCE NATHANIEL SCIDA | e . | | | |
| Address: | 4740 NW 28TH WAY | | | | |
| | BOCA RATON FL 33434 US | | | | |
| this certificate, I a | ned as registered agent to accept service of procum familiar with and accept the appointment as across Company | ess for the above stated corporate registered agent and agree to act Sue G. Knight | in this capacity | | |
| W. Dy | Required Signature/Registered Agesis | tant Vice President | 8-21-2013 Date | | |
| document to the | ment and affirm that the frees stated herein a pepartment of State constitutes a third degree fel manual transfer of Required Signature/Incorporator | re true. I am aware that the fals | e information submitted in a F.S. OG/SI//3 Date | | |