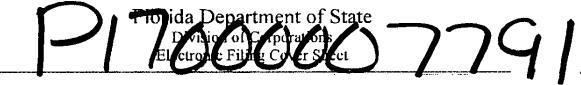
1/24/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023

Phone

: (614)280-3338

Fax Number

: (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

	Address:			
-mai	Armir buu .			

## FLORIDA PROFIT/NON PROFIT CORPORATION

SteadyMD Physician Group, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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JAN 24 2017

K. Brumbley

## **COVER LETTER**

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

SUBJECT:

SteadyMD Physician Group, P.A.

	(PROPOSED CORPORA	FE NAME – <u>MUST INCLI</u>	<u>JDE SUFFIX</u> )
Enclosed are an orig	inal and one (1) copy of the arti-	cles of incorporation and	l a check for:
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Name	Printed or typed)	
	70 Arun		· · · · · · · · · · · · · · · · · · ·
	Clayten tily,	ddress  MO  State & Zip	3105
<u> </u>	Daytime Te	elephone number	
guy	@steadymd.com		•
	E-mail address: (to be used	for future annual report r	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)

	tion shall be: SteadyMD Physician Group,				
ARTICLE II PRINC 70 Arundel Pl	CIPAL OFFICE Principal <u>street</u> address	1	Mailing address, if dif	ferent is:	
Clayton, MO 63105					
	, ,	<del></del>		······································	<del></del>
ARTICLE III PURPO The purpose for which t	OSE  he corporation is organized is:	actice and any other	trade or activity as p	ermitted	by law
				产组	17
				全談	¥
ARTICLE IV SHARI	ES stock is: 10,000			ARY OF STA	24 AM 9:
Name and Title	Soots Cooming President	Name and Title:	Scott Soerries; Treas	Orer strer	Ö
Address	70 Arundel P!		70 Arundel Pl		
	Clayton, MO 63105	<del>-</del>	Clayton, MO 63105		
	Scott Soerries; Secretary	*****	Scott Soerries; direct	tor	
	70 Arundel Pl	Name and Title:	70 Arundel Pl	<del></del> .	<del></del>
Address	Clayton, MO 63105	Address:	Clayton, MO 63105		
		_			
Name and Title:		Name and Title:			
Address		Address:			
		<del></del>			
		_			

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  CT Corporation System  1200 South Fine Island Road  Plantation, FL 33324  ARTICLE VII INCORPORATOR  The mame and address of the Incorporator is:  Name:  Scott Soerries  Address:  70 Arundel Fl  Clayton, MO 63105  ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 diffuse certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  A A La La Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information sud document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		itle:	Name a		d Title:	Name an
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