

MD 7/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2014

JENNIFER LOH, MD
1700 S.W. 78TH AVE., APT.812
PLANTATION, FL 33324

SUBJECT: ASPENS, INC.
Ref. Number: W14000040457

We have received your document for ASPENS, INC. and your check(s) totaling \$87.50. 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 an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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: 314A00014147

COVER LETTER

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

SUBJECT: ASPENS of Ophthalmology, INC.
~~ASPENS, INC.~~
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

↑
corrected
name

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM:

Jennifer Loh, MD
Name (Printed or typed)

1700 SW 78th Ave., Apt. 812
Address

Plantation, FL 33324
City, State & Zip

317-440-7600
Daytime Telephone number

jenniferlohmd@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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

ASPENS of Ophthalmology, INC.
~~ASPENS, INC.~~

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1700 SW 78th Ave, Apt 812
Plantation, FL 33324

Mailing address, if different is:

← Same

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14 JUL 14 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to support and promote the
engagement, professional development, leadership,
networking, education and empowerment of influential
female ophthalmologists

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

by
majority vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sheri Rowen, MD-President

Address:

301 St. Paul Pl.
Suite 514
Baltimore, MD 21202

Name and Title: Alice Epitropoulous, MD-Vice president

Address:

Ophthalmic Surgeons & Consultants of Ohio
262 Neil Ave, # 430
Columbus, Ohio 43215

Name and Title: Jennifer Loh, MD-Secretary

Address:

1700 SW 78th Ave, Apt. 812
Plantation, FL 33324

Name and Title: Laura Urdinlaiz, JD-Treasurer

Address:

101 Plaza Real South,
934
Boca Raton, FL 33432

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED

14 JUL 14 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jennifer Loh
Address: 1700 SW 78th Ave # 812
Plantation FL 333 24

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Laura Urdinlaiz
Address: 101 Plaza Real South, #934
Boca Raton, FL 33432

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 ~~faithful with~~ and accept the appointment as registered agent and agree to act in this capacity

[Signature]
Required Signature of Registered Agent

6/25/14
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

[Signature]
Required Signature of Incorporator

6/17/2014
Date