

# F19000002402

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(City/State/Zip/Phone #)

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*add Corp to suffix per Paul  
4/15/19*

*Suffix, cert W19-19258*

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TALLAHASSEE, FLORIDA

O SIMMONS

MAY 22 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 18, 2019

MATTHEW TOLL  
1217 CAPE CORAL PKWY, #121  
CAPE CORAL, FL 33904

SUBJECT: PAUL JEFFREY LEWIS, M.D., P.C.  
Ref. Number: W19000019258

We have received your document for PAUL JEFFREY LEWIS, M.D., P.C. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please add Florida suffix to the very end of your companys' name on the second line of the application.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 819A00005219

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MAY 21 2019

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 2, 2019

MATTHEW TOLL  
1217 CAPE CORAL PKWY, #121  
CAPE CORAL, FL 33904

SUBJECT: PAUL JEFFREY LEWIS, M.D., P.C.  
Ref. Number: W19000019258

We have received your document for PAUL JEFFREY LEWIS, M.D., P.C. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

Please write your name of the company exactly how it appears on your Certificate of Good Standing and add (Inc, CO.or Corp) to end of your name on the line under #1 of application

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 119A00006500

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APR 15 2019

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

PAUL JEFFREY LEWIS, M.D., P.C.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co." or "Corp.")

Paul Jeffrey Lewis, M.D., PC Corp

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. 16-1417833  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 27, 1992 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 550 Orchard Park Road, Suite A105, West Seneca, NY 14224  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Matthew Toll

Office Address: 1323 Lafayette Street, Suite C

Cape Coral Florida 33904  
(City) (Zip code)

**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Paul Jeffrey Lewis

Address: 550 Orchard Park Road, Suite A105, West Seneca, NY 14224

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Paul Jeffrey Lewis

Address: 550 Orchard Park Road, Suite A105, West Seneca, NY 14224

Vice President: Jacob Samuel Lewis

Address: 550 Orchard Park Rd. Suite A105, West Seneca, NY 14224

Secretary: Jacob S. Lewis Paul Jeffrey Lewis

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Paul Jeffrey Lewis  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Paul Jeffrey Lewis

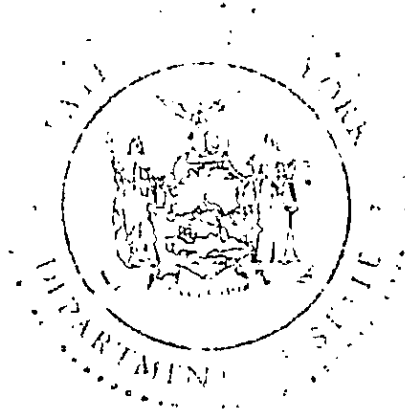
(Typed or printed name and capacity of person signing application)

FILED  
MAY 21 AM 9:11  
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**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of PAUL JEFFREY LEWIS, M.D., P.C. was filed on 05/29/1992, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 02nd day of May two  
thousand and nineteen.*

A handwritten signature in cursive script, reading "Whitney Clark".

*Whitney Clark  
Deputy Secretary of State*