

N140000011642

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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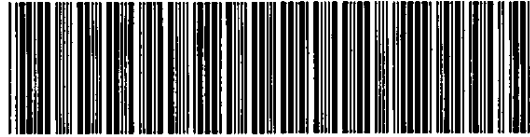
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

YMD 12/24

COVER LETTER

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

SUBJECT: American Association of Osteopathic Physicians, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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: Charles Clay
Name (Printed or typed)

8322 N . Habana Ave
Address

Tampa, Fl 33614
City, State & Zip

(813) 505-2189
Daytime Telephone number

revdoc6@juno.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: American Association of Osteopathic Physicians, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
8322 N . Habana Ave
Tampa, Fl 33614

Mailing address, if different is:

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TALLAHASSEE FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to provide graduate, past-graduate and CME
to osteopathic physicians and promote the best trained physicians in the world
within the meaning of Section 501(c)3 of the Internal Revenue Code.
See attached

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As provided
for in bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles Clay - Chairman
Address: 8322 N . Habana Ave
Tampa, Fl 33614

Name and Title: Lon Lynn - Director
Address: 8322 N . Habana Ave
Tampa, Fl 33614

Name and Title: Richard Terry - Director
Address: 8322 N . Habana Ave
Tampa, Fl 33614

Name and Title: Tom Naegle - Director
Address: 8322 N . Habana Ave
Tampa, Fl 33614

Name and Title: Sam Scolaro - Director
Address: 8322 N . Habana Ave
Tampa, Fl 33614

Name and Title: _____
Address: _____

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: Charles Clay

Address: 8322 N . Habana Ave
Tampa, Fl 33614

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Charles Clay

Address: 8322 N . Habana Ave
Tampa, Fl 33614

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

Charles L Clay DO
Required Signature of Registered Agent

12/19/2014
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.

Charles L Clay DO
Required Signature of Incorporator

12/19/2014
Date