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TRANSMITTAL LETTER

August 12, 2000

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Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

FILED
00 AUG 17 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Articles of Incorporation

Enclosed are one original and one copy of the Articles of Incorporation and a check for:

- ☐ \$78.75 Filing Fee & Certified Copy
☒ \$87.50 Filing Fee & Certified Copy & Certificate of Status

FROM: Julie McKenzie

Name

2083 River Reach Drive #448

Address

Naples, Florida 34104

City, State, Zip

(941) 434-9547

Daytime Telephone Number

Julie McKenzie
Occupational Therapist
2083 River Reach Dr. #448
Naples, FL 34104

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES

ARTICLES OF INCORPORATION

Pursuant to Chapter 607 or 612F.S., (profit) the articles of incorporation, we set forth the following:

Article I: Name:

The name of the corporation shall be:

Julie McKenzie, P.A.

Article II Principle Office:

The principal place of business / mailing address is:

2083 River Reach Drive #448
Naples, FL 34104

Article III Purpose:

The purpose for which this corporation is being established:

To provide services as an Occupational Therapist in the state of Florida.

Article IV Shares

The number of shares of stock being issued is: 100 shares

Article V Initial Officers / Directors:

The name(s) and address(es) of the initial officers /directors are (is):

Julie McKenzie, President
2083 River Reach Drive #448
Naples, FL 34104

Julie McKenzie, Secretary
2083 River Reach Drive #448
Naples, FL 34104

Article VI Registered Agent:

The name and Florida Street address of the registered agent is:

Julie McKenzie
2083 River Reach Drive #448
Naples, FL 34104

Article VII Incorporator:

The name and address of the Incorporator is:

Julie McKenzie
2083 River Reach Drive #448
Naples, FL 34104

Having been named as registered agent and to accept service for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Julie B McKenzie
Signature of Registered Agent

Date

8/12/00

Julie B McKenzie
Signature of Incorporator

Date

8/12/00

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