

P01060067379

Registered Name

ND
PO Box 9041
PSL, FL 32985

Phone #

Office Use Only

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #) **500004033245--39**
-04/19/01--01088--010
*****70.00 *****70.00
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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|-----------------------------------|---|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Certificate of Status |
| | <input type="checkbox"/> Photocopy | |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

W01-12575

W01 9015
TS 5-



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 25, 2001

JOHN F TSCHIEDER DDS
632 MAITLAND AVE
ALTAMONTE SPRINGS, FL 32701

SUBJECT: JOHN F TSCHIEDER DDS
Ref. Number: W01000012575

We have received your document for JOHN F TSCHIEDER DDS and your check(s) totaling \$70.00. 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 corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

If you are filing a Professional Association you must use P.A. and give a P.A. purpose.

Please return the 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) 487-6052.

Tracy Smith
Document Specialist
New Filing Section

Letter Number: 301A00033747

ARTICLES OF INCORPORATION OF:

ARTICLE I - NAME

THE NAME OF THIS CORPORATION SHALL BE:

JOHN F. TSCHIEDER & ASSOCIATES, INC.

ARTICLE II - PRINCIPLE OFFICE

THE PRINCIPLE PLACE OF BUSINESS AND MAILING ADDRESS OF
THIS CORPORATION SHALL BE:

632 MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 32701

ARTICLE III - CAPITAL STOCK

THE NUMBER OF SHARES THAT THIS CORPORATION IS
AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

1000 NO PAR

ARTICLE IV - REGISTERED AGENT

THE NAME AND ADDRESS OF THE REGISTERED AGENT IS:

JOHN F. TSCHIEDER
2421 GREENWOOD STREET
DELTONA, FL 32738

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TALLAHASSEE, FLORIDA

ARTICLE V-INCORPORATORS

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S)
TO THESE ARTICLES OF INCORPORATION IS (ARE):

JOHN TSCHIEDER

612 LAKE ORIENTA DRIVE

ALTAMONTE SPRINGS, FL 32701

THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE
ARTICLES OF INCORPORATION THE 1 DAY OF
JULY 2001.

SIGNATURE: John F. Tschieder PRESIDENT

SIGNATURE: _____ VICE-PRESIDENT

SIGNATURE: _____

SIGNATURE: _____

CERTIFICATION OF DESIGNATION-REGISTERED AGENT/REGISTERED
OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 717.0501,
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED
OFFICE IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

JOHN F TSCHIEDER ASSOCIATES, INC

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT IS:

NAME: *JOHN F TSCHIEDER*

ADDRESS: *632 MAITLAND AVENUE*

CITY/STATE: *ALTAMONTE SPRINGS, FL 32701*

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE
OF PROCESS 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.

SIGNATURE: *John F. Tschieder*

DATE: *July 1, 2001*

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FLORIDA