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PICK-UP	☐ WAIT	☐ MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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## TRANSMITTAL LETTER

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

SUBJECT: No	Thalee C H	layden P.A TENAME-MUSTINCLU	DE SUFFIX)
Enclosed is an original a  \$70.00 Filing Fee	nd one(1) copy of the arti  \$78.75  Filing Fee &  Certificate of  Status	cles of incorporation and a  □\$78.75  Filing Fee  & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL COPY REQUIRED	

Name (Printed or typed)

153 Lakeview dr #203

Address

Weston F1 33326

City, State & Zip

954-818-2524

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 1, 2003

NATALEE C. HAYDEN 153 LAKEWOOD DR. #203 WESTON, FL 33326

SUBJECT: NATHALEE C. HAYDEN, P.A. Ref. Number: W03000009250

We have received your document for NATHALEE C. HAYDEN, P.A.. However, the document has not been filed and is being returned for the following:

A P.A. CAN NOT BE LISTED UNDER THE 617 (NON-PROFIT) STATUE.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6934.

Loria Poole Corporate Specialist New Filings Section

Letter Number: 503A00019603

O3 APR 21 PH 1:3

## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I The name of the corporation shall be: Northalee CHarden P.A ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 153 Lakeview dr # 203 Weston, Fl 33326 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): REGISTERED AGENT The name and Florida street address of the registered agent is: Cakeview dr #203 Weston, Fl 33326 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: 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

Signature/Incorporator