

P03000070984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

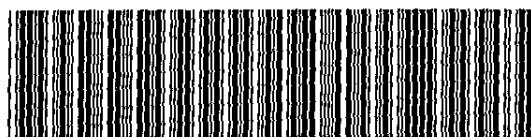
Special Instructions to Filing Officer:



D. WHITE JUN 26 2003

W0314865

Office Use Only



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05/16/03--01027--004 **70.00

FILED
03 JUN 26 PM 12:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Accident Doplar Helpline, Incorporated
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Tim Sudgen
Name (Printed or typed)

1105 E. Orange St Apt 2
Address

Lake Wales, FLA 33801
City, State & Zip

863-668-7246
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

RECEIVED
03 JUN 26 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 23, 2003

TIM SUDGEN
1105 E ORANGE ST APT 2
LAKELAND, FL 33801

SUBJECT: ACCIDENT DOCTOR HELP LINE INCORPORATION
Ref. Number: W03000014865

We have received your document for ACCIDENT DOCTOR HELP LINE INCORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

Complete the returned articles of incorporation.

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) 245-6933.

Dale White
Document Specialist
New Filings Section

Letter Number: 003A00032607

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Accident Doctor Help Line Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1105 E Orange St #2 Lakeland FL 33801

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Patient Referral

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

*Timothy Sugden
1105 E Orange St #2 Lakeland FL 33801
President*

ARTICLE VI REGISTERED AGENT

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

*Timothy Sugden
1105 E Orange St #2 Lakeland FL 33801*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Timothy Sugden
1105 E Orange St #2 Lakeland FL 33801*

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]
Signature/Registered Agent

6-23-03
Date

[Signature]
Signature/Incorporator

6-23-03
Date

FILED

03 JUN 26 PM 12:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA