

PO3000091191

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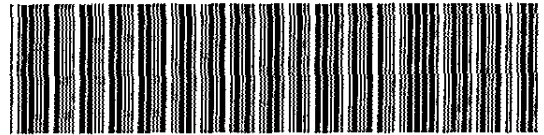
(Business Entity Name)

(Document Number)

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~~WSS 2003~~  
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## TRANSMITTAL LETTER

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

SUBJECT: \_\_\_\_\_

*Mark Wolz, P.A.*

(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

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: \_\_\_\_\_

*Mark Wolz*

Name (Printed or typed)

*1420 Churchill Cir. Q203*

Address

*Naples FL 34116*

City, State & Zip

*(239) 353-9418*

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 6, 2003

MARK WOLZ  
1420 CHURCHILL CIR  
Q203  
NAPLES, FL 34116

SUBJECT: MARK WOLZ, P.A.  
Ref. Number: W03000022274

We have received your document for MARK WOLZ, P.A. 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The specific nature of business of the professional association must be stated in the document.

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) 245-6884.

Shawn Logan  
Document Specialist  
New Filings Section

Letter Number: 703A00045125

## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

Mark J. Wolz, P.A.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1420 Churchill Cir. Q203  
Naples, FL 34116

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100,000,000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Mark J. Wolz  
1420 Churchill Cir. Q203  
Naples, FL 34116

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**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**


The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

*Mark J. Woltz*  
*1420 Churchill Cir. Q203*  
*Naples, FL 34116*

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

23 day of July, 192003.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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

1. The name of the corporation is Mark J. Wolz P.A.
2. The name and address of the registered agent and office is:

Mark J. Wolz  
(NAME)

1420 Churchill Cir. Q203  
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Naples, FL 34116  
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

*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.*

Mark Wolz 7/25/13  
(SIGNATURE) (DATE)