

P030000137540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

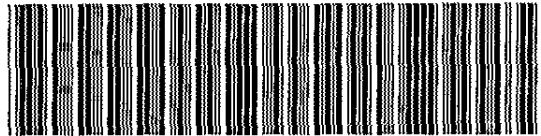
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

03 NOV 21 PM 3:26

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

g/11/12

TRANSMITTAL LETTER

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

SUBJECT: Laura PRESTON, M.D. P.A.
(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: Laura Preston
Name (Printed or typed)

3217 Capital Medical Blvd.
Address

Tallahassee, FL 32308
City, State & Zip

850-942-5728
Daytime Telephone number

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

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:

Laura PRESTON, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3217 Capital Medical Blvd.
Tallahassee, FL 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Physician Services to patients

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Laura Preston, President
2369 Tour Eiffel Dr.
Tallahassee, FL 32308

ARTICLE VI REGISTERED AGENT

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

Laura Preston, M.D.
3217 Capital Medical Blvd.
Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Laura Preston
2369 Tour Eiffel Dr.
Tallahassee, FL 32308

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/Registered Agent

Date

Signature/Incorporator

Date

03 NOV 21 AM 11:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED