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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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CORPORATE FILING
CERTIFICATIONS
TALLAHASSEE FLORIDA

Gilbert

# 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)

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***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/mailing 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*

Laura Preston, MD — Signature/Registered Agent — 11/21/03 — Date

Laura Preston, MD — Signature/Incorporator — 11/21/03 — Date