

PO4000094290

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(City/State/Zip/Phone #)

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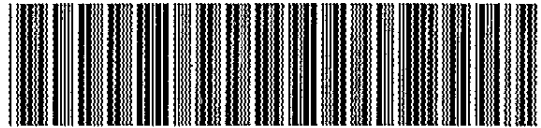
(Business Entity Name)

(Document Number)

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FILED
TALLAHASSEE, FLORIDA

64 JUN 21 AM 9:47

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TRANSMITTAL LETTER

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

SUBJECT: LARRY E. REYNOLDS, P.A. Inc.
(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: LARRY E REYNOLDS
Name (Printed or typed)

5730 SAN VICENTE STREET
Address

CORAL GABLES, FL 33146
City, State & Zip

305- 710- 1528
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 10, 2004

LARRY E REYNOLDS
5730 SAN VICENTE ST
CORAL GABLES, FL 33146

SUBJECT: LARRY E REYNOLDS P.A. *INC.*
Ref. Number: W04000020219

RECEIVED
04 JUN 21 AM 8:59
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

We have received your document for LARRY E REYNOLDS P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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) 245-6855.

Tammy Hampton
Document Specialist
New Filings Section

Letter Number: 504A00036594

Tammy,
Per our phone conversation I
am changing the name to
Larry E. Reynolds, INC.
Larry



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 25, 2004

LARRY E REYNOLDS
5730 SAN VICENTE ST
CORAL GABLES, FL 33146

SUBJECT: LARRY W REYNOLDS P.A.
Ref. Number: W04000020219

RECEIVED

04 JUN 10 PM 1:37

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for LARRY W REYNOLDS P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Document Specialist
New Filings Section

Letter Number: 504A00036594

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:

LARRY E REYNOLDS ~~PA~~, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5730 SAN VICENTE STREET CORAL GABLES, FL 33146

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTING SERVICES (HEALTH INSURANCE) ALL PHASES

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):

LARRY E REYNOLDS, 5730 SAN VICENTE ST. CORAL GABLES, FL 33146, PRESIDENT

ARTICLE VI REGISTERED AGENT

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

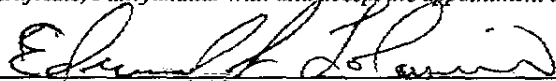
EDWARD S LOCASCIO 420 S. DIXIE HWY #2K, CORAL GABLES, FL 33146

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LARRY E REYNOLDS, 5730 SAN VICENTE ST., CORAL GABLES, FL 33146

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

05/21/04

Date

* 

Signature/Incorporator

05/21/04

Date

FILED

04 JUN 21 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA