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DIVISION
SECRETARY

TRANSMITTAL LETTER

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

SUBJECT: CHARLES G. MORROW, 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: CHARLES G. MORROW
Name (Printed or typed)

6 OFFICE PARK DRIVE
Address

PALM COAST, FL 32137
City, State & Zip

(386) 290-7679
Daytime Telephone number

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DIVISION
SECRET

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:

Charles G. Morrow, P. A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6 Office Park Drive, Palm Coast, FL 32137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Physician's Assistant Services.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS(optional)

The name(s), address(s) and title(s):

Charles G. Morrow

President

6 Office Park Drive, Palm Coast, FL 32137

ARTICLE VI REGISTERED AGENT

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

Charles G. Morrow

6 Office Park Drive, Palm Coast, FL 32137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Charles G. Morrow

6 Office Park Drive, Palm Coast, FL 32137

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SECTION 607
DIVISION

.....
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

Charles Morrow
Signature/Registered Agent

Charles Morrow
Signature/Incorporator

6/29/04
Date
6/29/04
Date