

P04000115785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

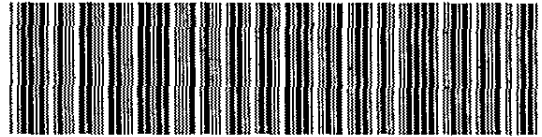
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DIVISION OF CORPORATIONS
04 AUG -9 PM 3:08

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TRANSMITTAL LETTER

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

SUBJECT: DR CHARMAINE THOMAS OD PA

(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: CHARMAINE THOMAS

Name (Printed or typed)

12131 SW 123 PL

Address

MIAMI, FL 33186

City, State & Zip

305 252 6128

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:

DR CHARMAINE THOMAS OD PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

12131 SW 123 PL, MIAMI, FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE QUALITY EYECARE INCLUDING THE PRESCRIPTION OF EYGLASSES
AND CONTACT LENSES WHILE PROVIDING MANAGEMENT OF OCULAR DISEASE.

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CHARMAINE THOMAS - PRESIDENT

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

CHARMAINE THOMAS
12131 SW 123 PL
MIAMI, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHARMAINE THOMAS
12131 SW 123 PL
MIAMI, FL 33186

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

Chmes

Signature/Registered Agent

07/28/04

Date

Chmes

Signature/Incorporator

07/28/04

Date