

P04000120306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

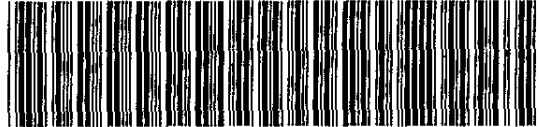
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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:

Professional Lymphedema Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2568 S. Ridgewood Ave. Suite #3
Edgewater FL 32141

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide products and services to people with
Lymphedema and Vascular + Venous
in sufficiency.

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):

Jeffrey R Berner, President
2568 S. Ridgewood Ave Suite #3
Edgewater FL 32141

ARTICLE VI REGISTERED AGENT

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

Jeffrey R Berner
143 Live Oak Ct.
New Smyrna Bch FL 32168

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jeffrey R Berner
143 Live Oak Ct
New Smyrna Bch. FL 32168

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

Jeffrey R Berner
Signature/Registered Agent

7/5/04
Date

Jeffrey R Berner
Signature/Incorporator

7/5/04
Date

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