

PO4000122705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

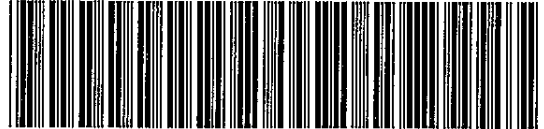
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400040132034

08/25/04--01005--003 **78.75

DIVISION OF CORPORATION

RECEIVED

04 AUG 25 AM 9:36

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 AUG 25 AM 11:00

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Victoria Jean Camp, D.P.M., P.A.

Signature

Requested by:

SK 8/25/04 8:41
Name Date Time

Walk-In Will Pick Up

- ☒ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG 25 AM 11:00

ARTICLE I NAME

The name of the corporation shall be:

Victoria Jean Camp, D.P.M., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

150 Southpark Blve. Suite 202
St. Augustine, FL 32086

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Podiatry Physician & Surgeon

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):

Victoria Jean Camp, DPM
President/Secretary/Treasurer
150 Southpark Blvd. Suite 202
St. Augustine, FL 32086

ARTICLE VI REGISTERED AGENT

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


Deborah Fromang, ESQ
323 South 2nd Street
Ft. Pierce, FL 3405-

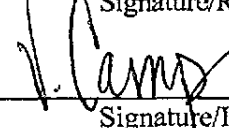
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Victoria Jean Camp, D.P.M.
150 South park Blve. Ste. 202
St. Augustine, FL 32086

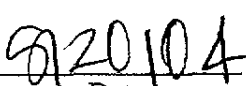
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent


Signature/Incorporator



Date


Date