P04000125383

(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

000040419430

08/30/04--01016--006 **78.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 AUG 30 PM 3:04

8/31

TRANSMITTAL LETTER

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

SUBJECT: Thomas B. Chaille, D.O., 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: Thomas B. Chaille
Name (Printed or typed)

375 N.E. 54 Street Suite #2
Address

Miami, FL 33137
City, State & Zip

(305) 528-2129
Daytime Telephone number

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG 30 PM 3:04

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:

Thomas B. Chaille, D.O., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

375 N.E. 54 Street, Suite #2
Miami, FL 33137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Clinic

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):

ARTICLE VI REGISTERED AGENT

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

Thomas B. Chaille, suite #2
375 N.E. 54 Street
Miami, FL 33137

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Thomas B. Chaille, suite #2
375 N.E. 54 Street
Miami, FL 33137

****

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

Thomas B Chaille — 8/26/04
Signature/Registered Agent — Date

Thomas B Chaille — 8/26/04
Signature/Incorporator — Date