

PO4000125383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

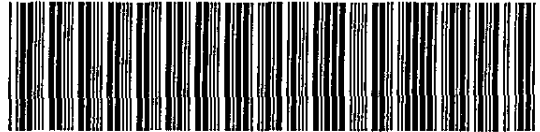
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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.

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TALLAHASSEE, FLORIDA

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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:

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

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling 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:

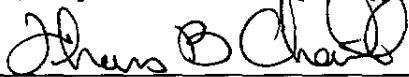
Thomas B. Chaille, suite #2
375 N.E. 54 Street
Miami, FL 33137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

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

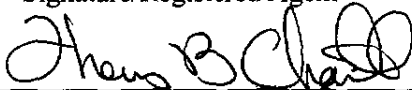
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

8/26/04

Date



Signature/Incorporator

8/26/04

Date