# F04000141440

| (Re                                     | equestor's Name) |             |  |  |
|---|------------------|-------------|--|--|
| (Ad                                     | dress)           |             |  |  |
| (Ad                                     | idress)          |             |  |  |
| (City/State/Zip/Phone #)                |                  |             |  |  |
| PICK-UP                                 | ☐ WAIT           | MAIL        |  |  |
| (Business Entity Name)                  |                  |             |  |  |
| (Document Number)                       |                  |             |  |  |
| Certified Copies                        | _ Certificates   | s of Status |  |  |
| Special Instructions to Filing Officer: |                  |             |  |  |
|   |                  |             |  |  |
|   |                  |             |  |  |
|   |                  |             |  |  |
| Office Use Only                         |                  |             |  |  |
| _                                       |                  |             |  |  |
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FILED

SECRETARY OF STATE
SHARESEL FLORES

St 10/12

# TRANSMITTAL LETTER

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

\$70.00

SUBJECT: Florida Academy of Naturopathic Medical Physicians. Corp. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

**\$78.75** 

\$87.50

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

| Filing Fee | & Certificate of Status | & Certified Copy     | Certified Copy & Certificate of |
|------------|-------------------------|----------------------|---------------------------------|
|            |                         | ADDITIONAL CO        | Status PY REQUIRED              |
|            |                         |                      |                                 |
| FROM:      | Paul J. Reinha          | · :                  |                                 |
|            | Name                    | e (Printed or typed) |                                 |
|            | 325 South Jeff          | ferson Street        |                                 |
| -          |                         | Address              |                                 |
|            | Beverly Hills           | , Florida 34465      |                                 |
| -          | City                    | , State & Zip        |                                 |
|            | 352-746-3523            |                      |                                 |
| -          | 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:

Florida Academy of Naturopathic Medical Physicians, Corp.

# CAFTASSEF, F. E.T.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

325 South Jefferson Street Beverly Hills, Florida 34465

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To support the advancement of Naturopathic Medicine in Florida and the nation.

### ARTICLE IV SHARES

The number of shares of stock is:

60 shares NO PAR VALUE

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Paul J. Reinhardt, 325 South Jefferson Street, Beverly Hills, Florida 34465 Director/President.

George L. Reinhardt, 16 Oak Knoll Street, Beverly Hills, Florida 34465 Director- Vice President

### ARTICLE VI REGISTERED AGENT

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

Paul J. Reinhardt 325 South Jefferson Street Beverly Hills, Florida 34465

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Paul J. Reinhardt 325 South Jefferson Street Beverly Hills, Florida 34465

| Reverty utits' trottog 24402  |   |
|---|---|
| *****************   | **********  |
| Having been named as registered agent to accept service of process for the abo    | ve stated corporation at the place designated in this |
| certificate, Lam familiar with and accept the appointment as registered agent and | l agree to act in this capacity                       |
| Paul d. Keinhard  | 10/10/04  |
| Signature/Registered Agent  | Date  |
| TO WIND THE   |   |
| (Wy y, Ilenfaist)   | 10/10/04  |
| Signature/Incorporator  | Date  |
| /   |   |