P04000170977

(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

800043427498

12/22/04--01009--008 **87.50

APPROVED AND FILED

04 DEC 22 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Dr. Nicholas Krevatas, 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: Nicholas Krevatas
Name (Printed or typed)

5090 SW 64th Ave #206 B
Address

Davie, Florida, 33314
City, State & Zip

(954) 689-8054
Daytime Telephone number

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

APPROVED
AND
FILED

04 DEC 22 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Dr. Nicholas Krevatas, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5090 SW 64th Ave. #206B
Davie Fl. 33314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Primary Care Optometric Physician

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Nicholas Krevatas
5090 SW 64th Ave #206B
Davie FL. 33314

ARTICLE VI REGISTERED AGENT

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

Nicholas Krevatas
5090 SW 64th Ave #206B
Davie FL. 33314

ARTICLE VII INCORPORATOR

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

Nicholas Krevatas
5090 SW 64th Ave #206B
Davie FL. 33314

****

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

Nicholas Krevatas
Signature/Registered Agent
Nicholas Krevatas

Date

Effective:

Nicholas Krevatas
Signature/Incorporator
Nicholas Krevatas

1-1-05
Date