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TRANSMITTAL LETTER

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

SUBJECT: Samantha C Smith-Williams, ARNP, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Samantha C Smith-Williams

Name (Printed or typed)

3006 Shipwatch Drive

Address

Holiday , Florida 34691

City, State & Zip

727- 943-2655

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:

Samantha C Smith-Williams ARNP, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3006 Shipwatch Drive
Holiday, Florida 34691

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose is the incorporation of a Nurse Practitioner (myself) as a professional association or P.A. to provide medical care to the general populous.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Samantha Claire Williams, President, Treasurer, Secretary, Director
3006 Shipwatch Drive
Holiday Florida 34691

ARTICLE VI REGISTERED AGENT

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

Samantha Claire Williams
3006 Shipwatch Drive
Holiday , Florida 34691

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Samantha Claire Williams
3006 Shipwatch Drive
Holiday Florida 34691

ARTICLE VIII- Effective Date:

The effective date of this corporation shall be : 12/18/04

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

S. Williams MSN, ARNP
Signature/Registered Agent

12/18/04

Date

S. Williams MSN, ARNP
Signature/Incorporator

12-18-04

Date

FILED
04 DEC 28 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA