

POS000049643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

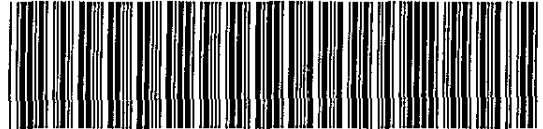
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/30/05 11:53
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TRANSMITTAL LETTER

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

SUBJECT: Dr. Samuel Joseph Overstreet IV, 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: Samuel Overstreet
Name (Printed or typed)

6140 SW 15th St
Address

Plantation FL 33317
City, State & Zip

918.681.0106
Daytime Telephone number

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

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05/11/80 PM 1:58

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. Samuel Joseph Overstreet IV, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6140 SW 15th St
Plantation, FL 33317

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):

Samuel Joseph Overstreet IV
6140 SW 15th St
Plantation FL 33317

ARTICLE VI REGISTERED AGENT

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

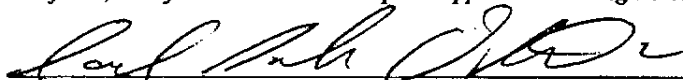
Samuel Joseph Overstreet IV
6140 SW 15th St
Plantation FL 33317

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Samuel Joseph Overstreet IV
6140 SW 15th St
Plantation FL 33317

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

Samuel Joseph Overstreet IV



Signature/Incorporator

Samuel Joseph Overstreet IV

3.24.05

Date

3.24.05

Date

FILED
CLERK OF DISTRICT COURT
JAN 10 2006
CORPORATE
FILED
CLERK OF DISTRICT COURT
JAN 10 2006
CORPORATE