

P06 000032227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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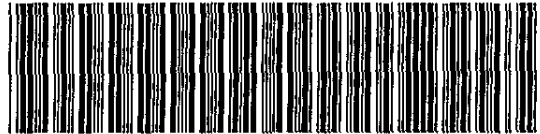
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

T. Burch MAJ

COVER LETTER

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

SUBJECT: Emerald Coast Spine, Sports Medicine, and Pain, 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: James H. Tipler, Esq.

Name (Printed or typed)

Post Office Box 10

Address

Mary Esther, FL 32569

City, State & Zip

(850) 654-6566

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:

Emerald Coast Spine, Sports Medicine, and Pain, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

12671 Emerald Coast Parkway, Suite 215
Destin, FL 32541

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Practice of Medicine

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):

Jaime Arturo Foland - President
Tracey A. Salvo Foland - Secretary

ARTICLE VI REGISTERED AGENT

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

James H. Tipler
4744 Amhurst Circle
Destin, FL 32541

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jaime Arturo Foland
12671 Emerald Coast Parkway, Suite 215
Destin, FL 32541

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

Signature/Incorporator

01/30/06

Date

01/30/06

Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA