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02/23/06--01013--002 **78.75

FILED
06 MAR -9 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.S. 3-

COVER LETTER

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

SUBJECT: PC Physicians, Inc.
(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: David Smith
Name (Printed or typed)

913 Acosta St.
Address

Tallahassee, FL 32204
City, State & Zip

904-514-4941 or 904-380-0345
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2006

DAVID SMITH
913 ACOSTA ST.
JACKSONVILLE, FL 32204

SUBJECT: PC PHYSICIANS, INC.
Ref. Number: W06000009361

RECEIVED
06 MAR -9 PM 4: 21
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

We have received your document for PC PHYSICIANS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Document Specialist
New Filing Section

Letter Number: 006A00013275

*Div of Corp
Att No Filing
PO 6327
Tall 32314*

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:

First Coast PC Physicians, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

913 Acosta St.
Jacksonville, FL 32204

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Mobile Computer Services and Repair

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):

David C. Smith
913 Acosta St.
Jacksonville, FL 32204

ARTICLE VI REGISTERED AGENT

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

David C. Smith
913 Acosta St.
Jacksonville, FL 32204

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David C. Smith
913 Acosta St.
Jacksonville, FL 32204

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 famillar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

03-07-2006

Date



Signature/Incorporator

03-07-2006

Date

FILED
06 MAR -9 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA