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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

Date March 20, 2006

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

Re: FRANCES WOLFSON, P.A.  
Proposed Corporate Name

Enclosed is an original and one copy of the Articles of Incorporation and a check in the sum of \$ 87.50.

From: FRANCES WOLFSON  
9839 Porta Leona Lane  
Boynton Beach, FL 33437

Cell # ~~300~~ 561-312-2266

Please expedite this matter and please send me a certified copy of the Articles of Incorporation in the enclosed, stamped, self-addressed envelope.

Sincerely yours,

*Frances Wolfson*  
FRANCES WOLFSON

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

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**ARTICLES OF INCORPORATION**

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ARTICLE I NAME

The name of the corporation is:

FRANCES WOLFSON, P.A.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 9839 Porta Leona Lane,  
Boynton Beach, FL 33437.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in the  
profession of licensed registered nurse in the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100, no par value.

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name and address:

FRANCES WOLFSON  
9839 Porta Leona Lane  
Boynton Beach, FL 33437

ARTICLE VI REGISTERED AGENT

The name and Florida Street address of the registered agent is:

FRANCES WOLFSON  
9839 Porta Leona Lane  
Boynton Beach, FL 33437

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

FRANCES WOLFSON  
9839 Porta Leona Lane  
Boynton Beach, FL 33437

Having been named as registered agent to accept service of process for the  
aforementioned 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.

Date: 3/20/06

Frances Wolfson  
Signature/Incorporator ☒ Registered Agent

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TALLAHASSEE FLORIDA

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