

PO6 000055456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

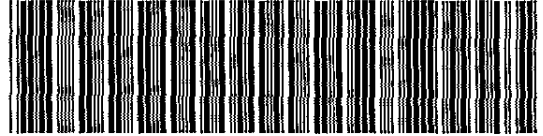
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06 APR 11 AM 10:36

FILE
TALLAHASSEE, FLORIDA

W06-17390

T. Hampton APR 19 2006

Charter Number Only

VALIDATION ONLY

4/10

Judith C. Carlson

Requestor's Name

1812 NW 36 Ct

Address

OAKland Park, FL 33309

City

State

ZIP

Phone

(954) 484-8792A

CORPORATION(S) NAME

William E. Riehl Jr., O.D., P.C.



Profit

NonProfit

() Amendment

() Merger

() Foreign

() Dissolution

() Mark

() Limited Partnership

() Annual Report

() Other

() Reinstatement

() Reservation

() Change of Registered Agent

() Photo Copies



Certificate Under Seal

() Call When Ready

() Call If Problem

() After 4:30

☒ Walk In

() Will Wait



Pick Up

() Mail Out

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Availability	
Document	
Examiner	
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Verifier	
Acknowledgment	
W.P. Verifier	

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COVER LETTER

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

SUBJECT: WILLIAM E. RIEHL JR., O.D., P.C.
(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: WILLIAM E. RIEHL JR., O.D., P.C.
Name (Printed or typed)

305 PROVINCIAL DRIVE
Address

INDIALANTIC, FL 32903
City, State & Zip

954-557-6823
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2006

EMPIRE

SUBJECT: WILLIAM E. RIEHL JR., O.D.,P.C.
Ref. Number: W06000017390

We have received your document for WILLIAM E. RIEHL JR., O.D.,P.C. 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 only acceptable corporate suffixes for professional associations are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

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) 245-6855.

Tammy Hampton
Document Specialist
New Filing Section

Letter Number: 106A00024769

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06 APR 18 AM 10:33
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

WILLIAM E. RIEHL JR., O.D., PROFESSIONAL ASSOCIATION

2006 APR 18 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

305 PROVINCIAL DRIVE, INDIALANTIC, FL 32903

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OFFICE OF OPTOMETRY

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES AT \$1.00 PER SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

WILLIAM E. RIEHL JR., PRESIDENT, 305 PROVINCIAL DRIVE, INDIALANTIC, FL 32903

ARTICLE VI REGISTERED AGENT

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

WILLIAM E. RIEHL JR., 305 PROVINCIAL DRIVE, INDIALANTIC, FL 32903

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WILLIAM E. RIEHL JR., 305 PROVINCIAL DRIVE, INDIALANTIC, FL 32903


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

3/11/06

Date



Signature/Incorporator

3/11/06

Date