

PO6000096333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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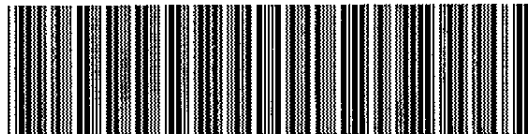
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Da

COVER LETTER

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

SUBJECT: Latresia A. Wilson, M.D., 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: Latresia A. Wilson
Name (Printed or typed)

3330 NW 2nd Avenue
Address

Ocala, FL 34475
City, State & Zip

352-861-6209
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:

Latresia A. Wilson, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3330 NW 2nd Avenue, Ocala, FL 34475

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in the practice of Allopathic medicine in the diagnosis and treatment of disease and injuries.

ARTICLE IV SHARES

The number of shares of stock is:

1000 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Latresia A. Wilson
3330 NW 2nd Ave, Ocala, FL 34475
President

ARTICLE VI REGISTERED AGENT

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

Latresia A. Wilson
3330 NW 2nd Ave, Ocala, FL 34475

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Latresia A. Wilson
3330 NW 2nd Ave, Ocala, FL 34475

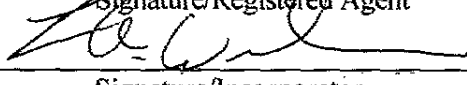
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

7-11-06

Date



Signature/Incorporator

7-11-06

Date

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TALLAHASSEE FLORIDA