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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/16/06

COVER LETTER

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

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06 AUG 16 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: *Emerald Coast Audiology, 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: *C. Gray Dethloff, agent*
Name (Printed or typed)

913 N. Beal Parkway Suite A #119
Address

Fort Walton Beach FL 32547
City, State & Zip

(850) 974-0905
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)

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ARTICLE I NAME

The name of the corporation shall be:
Emerald Coast Audiology, P. A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Emerald Coast Audiology, P. A.
913 N Beal Parkway
Suite A #119
Fort Walton Beach, FL 32547

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To practice Audiology in Okaloosa County, Florida.

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)

C. Gray Dethloff, President
913 N Beal Parkway
Suite A # 119
Fort Walton Beach, FL 32547

C. Gray Dethloff, Vice President
913 N Beal Parkway
Suite A # 119
Fort Walton Beach, FL 32547

C. Gray Dethloff, Secretary
913 N Beal Parkway
Suite A # 119
Fort Walton Beach, FL 32547

C. Gray Dethloff, Treasurer
913 N Beal Parkway
Suite A # 119
Fort Walton Beach, FL 32547

C. Gray Dethloff, Director
913 N Beal Parkway
Suite A # 119
Fort Walton Beach, FL 32547

ARTICLE VI REGISTERED AGENT

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

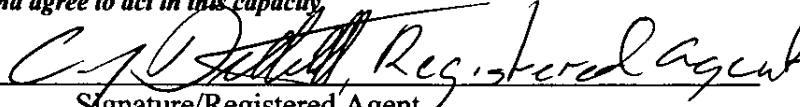

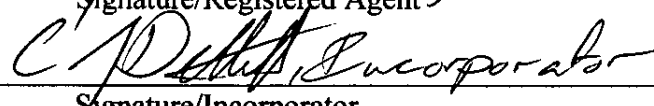
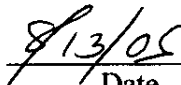
C. Gray Dethloff, Registered Agent
913 N Beal Parkway
Suite A # 119
Fort Walton Beach, FL 32547

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

C. Gray Dethloff, Incorporator
913 N Beal Parkway
Suite A # 119
Fort Walton Beach, FL 32547

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	 _____ Date
 _____ Signature/Incorporator	 _____ Date

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