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(Requestor's Name)

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(City/State/Zip/Phone #)

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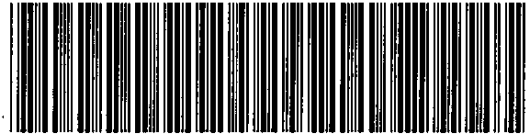
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: MARIANN L. TUCKER, O.D. & ASSOCIATES, INC., 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: MARIANN L. TUCKER

Name (Printed or typed)

3955 HUNTERS RIDGE WAY

Address

TITUSVILLE, FL 32796

City, State & Zip

352-361-5205

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2006

MARIANN L. TUCKER
3955 HUNTERS RIDGE WAY
TITUSVILLE, FL 32796

SUBJECT: MARIANN L. TUCKER, O.D. & ASSOCIATES, INC., P.A.
Ref. Number: W06000041978

We have received your document for MARIANN L. TUCKER, O.D. & ASSOCIATES, INC., P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The only acceptable corporate suffixes for professional associations are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

Please return 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 850-245-6052.

Paisley A Alford
New Filing Section
Division of Corporations

Letter Number: 606A00057074

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:

MARIANN L. TUCKER, O.D. & ASSOC., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

891 N. ALAFAYA TRAIL
ORLANDO, FL 32828

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OPTOMETRY PRACTICE ASSOCIATION

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARIANN L. TUCKER, O.D., OWNER, OPTOMETRIST

ARTICLE VI REGISTERED AGENT

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

MARIANN L. TUCKER, O.D.
3955 HUNTERS RIDGE WAY
TITUSVILLE, FL 32796

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

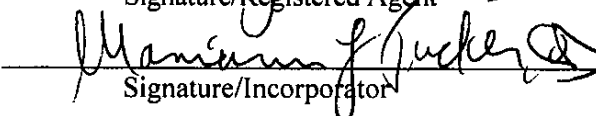
MARIANN L. TUCKER, O.D.
3955 HUNTERS RIDGE WAY
TITUSVILLE, FL 32796

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

10-19-06
Date



Signature/Incorporator

10-19-06
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA