

P070000073L00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

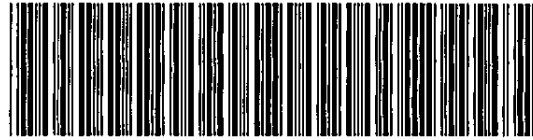
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: BCD1123, PA.
(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: MICHAEL V. GREENBERG
Name (Printed or typed)

1850 SE 18TH AVENUE, APT 105
Address

OCALA, FL 34471
City, State & Zip

(352) 622-7337
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:

BCD1123, PA.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1850 SE 18TH AVENUE, APT 105
OCALA, FL 34471

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN THE BUSINESS OF BEING A PHYSICIAN ASSISTANT.

ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES @ \$1 PER SHARE PAR VALUE.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MICHAEL V. GREENBERG, PRESIDENT
1850 SE 18TH AVE, APT 105
OCALA, FL 34471

BROOKE C. GREENBERG, VP
1850 SE 18TH AVE, APT 105
OCALA, FL 34471

ARTICLE VI REGISTERED AGENT

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

MICHAEL V. GREENBERG
1850 SE 18TH AVE, APT 105
OCALA, FL 34471

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

MICHAEL V. GREENBERG
1850 SE 18TH AVE, APT 105
OCALA, FL 34471

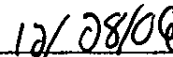
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



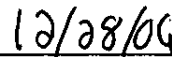
Signature/Registered Agent



Signature/Incorporator



Date



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA