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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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COVER LETTER

FILED
07 AUG -2 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: LASER PACE Center of Lakeland, Inc
(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: Ron R. Edwards
Name (Printed or typed)

3162 Thoroughbred Loop W.
Address

Lakeland, FL. 33811
City, State & Zip

(863) 529-3612
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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

LASER PAIN CENTER OF LAKELAND, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3162 Thoroughbred Loop W.
LAKELAND, FL. 33811

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For profit - Provide LASER THERAPY FOR PAIN.

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):

HELEN L. Edwards - Pres.
Ron R. Edwards - VP

ARTICLE VI REGISTERED AGENT - Ron R. Edwards

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

3162 Thoroughbred Loop W.
LAKELAND, FL. 33811

ARTICLE VII INCORPORATOR

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

Ron R. Edwards
3162 Thoroughbred Loop W.
LAKELAND, FL. 33811

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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

Ron R. Edwards — Signature/Registered Agent — 7-30-07 Date

Ron R. Edwards — Signature/Incorporator — 7-30-07 Date