

PO7000108632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: -

Orville Broomfield GAVE
AUTHORIZATION BY PHONE TO
CORRECT *Articles I + IV*
DATE *10/2/07*
DOC. EXAM *MRS*

Office Use Only



800109955898

10/01/07--01012--021 **78.75

MRS
10/2

FILED
07 OCT - 1 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: FLORIDA FIRST ASSISTANTS, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ORVILLE A. BROOMFIELD
Name (Printed or typed)

16 WARNER PLACE
Address

PALM COAST, FLORIDA, 32164
City, State & Zip

(386) 503-2173
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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

FLORIDA FIRST ASSISTANTS, INC.

07 OCT -1 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

16 WARNER PLACE
PALM COAST, FLORIDA, 32164

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE SURGICAL FIRST ASSISTANCE
DURING SURGICAL PROCEDURES.

ARTICLE IV SHARES

The number of shares of stock is:

15

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ORVILLE A. BROOMFIELD, RN, CRNFA, CNOR (PRESIDENT)
DIRECTOR

ARTICLE VI REGISTERED AGENT

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

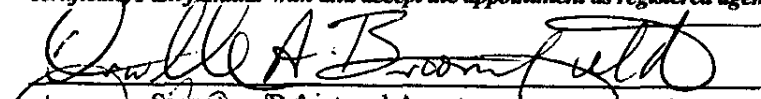
ORVILLE A. BROOMFIELD, RN, CRNFA
16 WARNER PLACE
PALM COAST, FLORIDA, 32164

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ORVILLE A. BROOMFIELD, RN, CRNFA
16 WARNER PLACE
PALM COAST, FLORIDA, 32164

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

9-28-07

Date

9-28-07

Date