P07000108632

(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
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MRS 10/2

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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 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: 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

07 OCT -1 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

FLORIDA FIRST ASSISTANTS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing 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

Orville A. Broomfield — 9-28-07
Signature/Registered Agent — Date

Orville A. Broomfield — 9-28-07
Signature/Incorporator — Date