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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	y
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PILED 2000 JAN -3 PN 4: 25 SECKETARY OF STATE

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TRANSMITTAL LETTER

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

SUBJECT: Domestication of Jon F. Harrell, D.O., Inc. from a California Corp. to a Florida Corp.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication \$50.00
Articles of Incorporation and Certified Copy
Total to domesticate and file \$128.75

OPTIONAL:

Certificate of Status

\$8.75

FROM: TIMOTHY L. DUROCHER

Name (printed or typed)

2 SOUTH ORANGE AVE., 5TH FLOOR

Address

ORLANDO, FLORIDA 32801

City, State & Zip ...

(407) 425-1020

Daytime Telephone Number

	CERTIFICATE OF	DOMESTICATION	TALL
The	undersigned, DR. JON F. HARRELL	, PRESIDENT	
	(Name)	(Title)	
of_	JON F. HARRELL, D.O., INC.	a fo	reign corporation,
in a	(Corporation Name) ecordance with s. 607.1801, Florida Statutes, de	oes hereby certify:	TATE
1.	The date on which corporation was first formed	d was SEPTEMBER 15	, _2000
	The jurisdiction where the above named corpor came into being was CALIFORNIA	ration was first formed, incorpor	rated, or otherwise
	The name of the corporation immediately prior was JON F. HARRELL, D. O., INC.	to the filing of this Certificate of	of Domestication
	The name of the corporation, as set forth in its as set. 607.0202 and 607.0401 with this certificate i	•	iled pursuant to
į	The jurisdiction that constituted the seat, siege administration of the corporation, or any other immediately before the filing of the Certificate FLORIDA	equivalent jurisdiction under ap	
	Attached are Florida articles of incorporation to to s. 607.1801.	o complete the domestication rec	quirements pursua
am	Authorized Agent , of JON F. HARRELL, D	.O., INC.	
	am authorized to sign this Certificate of Domes	stication on behalf of the corpor	ation and have don
30 LI			
30 LI	The C. Ill		

Filing Fee:

\$50.00

<u>\$78.75</u>

\$128.75

Certificate of Domestication
Articles of Incorporation and Certified Copy
Total to domesticate and file

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

JON F. HARRELL, D.O., INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS: 2665 EXECUTIVE PARK DRIVE, SUITE 1 **WESTON FLORIDA 33332**

ARTICLE III **PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: ENGAGE IN THE PRACTICE OF MEDICINE

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ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 5000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: Jon F. Harrell, D.O., President, Secretary, Treasurer and Director 2665 Executive Park Drive, Suite 1 Weston, Florida 33332

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Killgore, Pearlman, Stamp, Ornstein & Squires, P.A. 2 South Orange Avenue, 5th Floor Orlando, Florida 32801

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Jon F. Harrell, D.O. 2665 Executive Park Drive, Suite 1 Weston, Florida 33332

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATIONATITIE 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

Timothy L.

Durocher on behalf

Signature/Incorporator Jon F. Harrell by Timothy L. Durocher Date

Pearlman