

PD58888802233

(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:

Office Use Only



700113806347

01/07/08--01022--025 \*\*78.75

FILED

2008 JAN -7 P 4:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1-8-08  
2008

## COVER LETTER

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

SUBJECT: PRIVATE M.D. 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: EMMANUEL & ZDENKA LONSDORFER  
Name (Printed or typed)

Address

702 REFLECTIONS LANE WINTER GARDEN  
City, State & Zip FLORIDA 34787.

Daytime Telephone number

407-8656-8877 (PHONE + FAX)

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:

PRIVATE M.D. INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

702 REFLECTIONS LANE WINTER GARDEN FL. 34787

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL PRACTICE AND ANY ACTIVITIES OR BUSINESS  
PRACTICES AUTHORIZED UNDER FEDERAL AND FLORIDA LAW.

## ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES AT \$1 EACH

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

EMMANUEL LONSDORFER - PRESIDENT

ZDENKA LONSDORFER - SECRETARY + TREASURER

(ADDRESS SAME AS IN ARTICLE II)

FILED  
2008 JAN -7 P 4:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

EMMANUEL LONSDORFER - 702 REFLECTIONS LANE  
WINTER GARDEN FL. 34787

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

EMMANUEL LONSDORFER - 702 REFLECTIONS LANE  
WINTER GARDEN FL. 34787

\*\*\*\*\*  
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

01-01-08  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

01-01-08  
\_\_\_\_\_  
Date