

P08000005426

(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:

A ZEKKA called - stating that  
is her legal signature on  
1/14 @ 12:45 P.M  
file as 15/MD 1/14/08

Office Use Only



100113803741

01/07/08--01016--025 \*\*70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 JAN 16 AM 10:59

W08000000805

EP 1/16/08



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 7, 2008

ALEX ZELENKA  
14609 GALT LAKE DRIVE  
TAMPA, FL 33626

SUBJECT: ALEX ZELENKA P.A.  
Ref. Number: W08000000805

We have received your document for ALEX ZELENKA P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson  
Regulatory Specialist II  
New Filing Section

Letter Number: 008A00001183

*The agent,  
incorporator,  
and the  
signatures  
are the  
same  
person.*

*(Alex  
Zelenka)*

**COVER LETTER**

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

SUBJECT: ALEX ZELENKA P.A.  
(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: ALEX ZELENKA  
Name (Printed or typed)

14609 GALT LAKE DRIVE  
Address

TAMPA, FL 33626  
City, State & Zip

(727) 641-6840  
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)

**ARTICLE I NAME**

The name of the corporation shall be:

ALEX ZELENKA P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

14609 GALT LAKE DRIVE  
TAMPA, FL 33626

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

MEDICAL PRACTICE

**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):

ALEX ZELENKA - PRESIDENT  
14609 GALT LAKE DR.  
TAMPA, FL 33626

**ARTICLE VI REGISTERED AGENT**

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

ALEX ZELENKA  
14609 GALT LAKE DR.  
TAMPA, FL 33626

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ALEX ZELENKA  
14609 GALT LAKE DR.  
TAMPA, FL 33626

\*\*\*\*\*

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

*Azelell*

Signature/Registered Agent

12/17/07

Date

*Azelel*

Signature/Incorporator

12/17/07

Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 JAN 16 AM 10:59