

P08 000052233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAY 27 PH12:04

EP 5/28/08

## COVER LETTER

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

SUBJECT: P. S. Klem D.O., 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: Patricia Klem  
Name (Printed or typed)

6114 Seven Springs Blvd.  
Address

Greenacres FL 33463  
City, State & Zip

(954) 732-0640  
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:

P.S. Klem, D.O., P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

(same)

6114 Seven Springs Blvd.  
Greenacres, FL 33463

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Community healthcare in the field  
of dermatology.

**ARTICLE IV SHARES**

The number of shares of stock is:

ONE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Patricia Klem → Director, President, VP,  
6114 Seven Springs Blvd. Secretary & Treasurer  
Greenacres, FL 33463

**ARTICLE VI REGISTERED AGENT**

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

Patricia Klem  
6114 Seven Springs Blvd.  
Greenacres, FL 33463

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Patricia Klem  
6114 Seven Springs Blvd.  
Greenacres, FL 33463

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08 MAY 27 PM 12:04

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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

Patricia Klem  
Signature/Registered Agent

5/20/08  
Date

Patricia Klem  
Signature/Incorporator

5/20/08  
Date

Patricia Klem