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Office Use Only



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SECRETARY OF STATE

C.S.7-10

COVER LETTER

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

SUBJECT: Neil Furman, D.O. P.A.					
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)					
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
□ \$70.00	☑ \$78.75	□ \$78.75	□ \$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
J	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of		
		ADDITIONAL CO	Status PV REQUIRED		
		ADDITIONAL CO	of a REQUIRED		
FROM: Neil Furman, D.O.					
Name (Printed or typed)					
	21121 N.E. 21st Place				
Address					
North Miami Beach, Florida 33179					
City, State & Zip					
(305) 933-9682 Daytime Telephone number					

NOTE: Please provide the original and one copy of the articles.

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Neil Furman, D.O., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 21121 N.E. 21st Place, North Miami Beach, Florida 33179

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Physician's Office

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Neil Furman, President Shlomit Furman, Secretary/Treasurer

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Shlomit Furman, 21121 N.E. 21st Place, North Miami Beach, Florida 33179

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Shlomit Furman, 21121 N.E. 21st Place, North Miami Beach, Florida 33179

***********	*************			
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				
Abland 72	1/8/08			
Signature/Registered Agent	, Date			

Signature/Incorporator

Date