

PO8000086382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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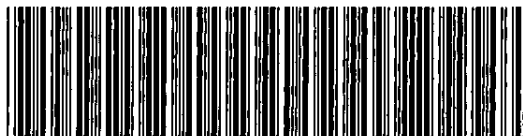
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** Susan Barnett, O.D., 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Susan Barnett

Name (Printed or typed)

650 West Ave., Unit #1402

Address

Miami Beach, FL 33139

City, State & Zip

305-695-9355

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:

Susan Barnett, O.D., P.A.

### **ARTICLE II PRINCIPAL OFFICE**

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

Principal address: 650 West Ave., Unit #1402, Miami Beach, FL 33139

Mailing address: same as principal

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of this professional association is to provide eye care services.

### **ARTICLE IV SHARES**

The number of shares of stock is:

1 Share

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

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

Officer - Susan Barnett

Director - Susan Barnett

### **ARTICLE VI REGISTERED AGENT**

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

Susan Barnett

650 West Ave., Unit #1402

Miami Beach, FL 33139

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Susan Barnett

650 West Ave., Unit #1402

Miami Beach, FL 33139

\*\*\*\*\*

*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

9/16/08

Date



Signature/Incorporator

9/16/08

Date

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