

P08000098393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

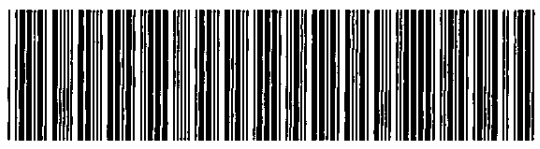
(Business Entity Name)

(Document Number)

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08 NOV -3 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 11/4/08

COVER LETTER

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

SUBJECT: Weight Loss Clinic MD, PA

(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: Beata B Nowakowska

Name (Printed or typed)

2568 Sweetgum Way West

Address

Clearwater, FL 33761

City, State & Zip

727 732-5356

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:

Weight Loss Clinic MD, PA

ARTICLE II PRINCIPAL OFFICE

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

2568 Sweetgum Way West, Clearwater, FL 33761

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Weight loss treatment and providing service to the public

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares - \$1.00 per value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Beata B. Nowakowska, M.D. CEO
2568 Sweetgum Way West, Clearwater, FL 33761

ARTICLE VI REGISTERED AGENT

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

Beata B. Nowakowska, M.D.
2568 Sweetgum Way West, Clearwater, FL 33761

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Beata B. Nowakowska, M.D.
2568 Sweetgum Way West, Clearwater, FL 33761

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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

Beata B. Nowakowska

Signature/Registered Agent

10/30/08

Date

Beata B. Nowakowska

Signature/Incorporator

10/30/08

Date