

P09000001980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

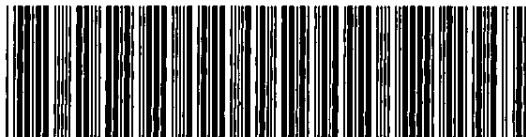
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Certified Copies _____

Certificates of Status _____

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09 JAN -5 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 1/9/09

COVER LETTER

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

SUBJECT: DATIL PEPPER HEARING
(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: Glenn H. West
Name (Printed or typed)

5000 Datil Pepper Rd.
Address

St. Augustine, FL 32086
City, State & Zip

904-591-6708
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:

DATIL PEPPER HEARING, INC

ARTICLE II PRINCIPAL OFFICE

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

5000 DATIL PEPPER RD
ST. AUGUSTINE, FL 32086

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Evaluation of hearing disorders

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Glenn H. West OWNER
5000 Datil Pepper Rd.
St. Augustine, FL 32086

ARTICLE VI REGISTERED AGENT

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

Glenn West
5000 Datil Pepper Rd.
St. Augustine, FL 32086

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Glenn West
5000 Datil Pepper Rd.
St. Augustine, FL 32086

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

Glenn H. West

Signature/Registered Agent

Glenn H. West

Signature/Incorporator

12/29/08

Date

12/29/08

Date

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09 JAN -5 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA