

PO9000010606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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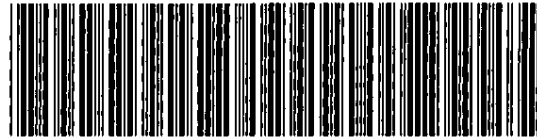
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/20/09--01010--006 \*\*78.75

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09 FEB -4 AM 9:04

RA

**COVER LETTER**

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

SUBJECT: BRENDA R. LIFFLAND, 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: BRENDA R LIFFLAND  
Name (Printed or typed)

12923 CASTLEMAINE DR.  
Address

TAMPA FL 33626  
City, State & Zip

813-855-5263  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 22, 2009

BRENDA R LIFLAND  
12923 CASTLEMAINE DR  
TAMPA, FL 33626

SUBJECT: BRENDA R. LIFFLAND, P.A.  
Ref. Number: W09000003338

We have received your document for BRENDA R. LIFFLAND, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Paisley A Alford  
Clerk  
New Filing Section

Letter Number: 309A00002332

**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:

BRENDA R. LIFFLAND, P.A.

**ARTICLE II PRINCIPAL OFFICE**

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

12923 CASTLEMAINE DR.  
TAMPA FL 33626

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

INDEPENDENT DOCTOR OF OPTOMETRY (P.A.)

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**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): ∅

**ARTICLE VI REGISTERED AGENT**

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

BRENDA R. LIFFLAND  
12923 CASTLEMAINE DR.  
TAMPA FL 33626

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

BRENDA R. LIFFLAND, P.A.  
12923 CASTLEMAINE DR.  
TAMPA FL 33626

\*\*\*\*\*

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

Bliffland

Signature/Registered Agent

1/14/09

Date

Bliffland

Signature/Incorporator

1/14/09

Date