

PO9000015268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

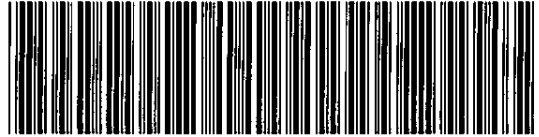
(Business Entity Name)

(Document Number)

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**COVER LETTER**

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

- GERRY MATTIA, MD - PA

SUBJECT: \_\_\_\_\_

(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: \_\_\_\_\_

GERRY Mattia, MD  
Name (Printed or typed)

959 5 Collins # 403  
Address

Miami Beach FL. 33102  
City, State & Zip

305-865-6559  
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:

GERRY MATTIA, M.D. P.A.

**ARTICLE II PRINCIPAL OFFICE**

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

9595 Collins Ave #403  
Miami Beach, FL. 33154

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide psychiatric/Medical Services

**ARTICLE IV SHARES**

The number of shares of stock is:

2000

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

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

9595 Collins Ave #403  
Miami, Beach FL. 33154

**ARTICLE VI REGISTERED AGENT**

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

Gerry Mattia, MD  
9595 Collins Ave. #403  
Miami Beach FL. 33154

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Gerry Mattia, MD  
9595 Collins Ave #403  
Miami Beach FL. 33154.

\*\*\*\*\*

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

Gerry Mattia MD

Signature/Registered Agent

2/13/09

Date

Gerry Mattia MD

Signature/Incorporator

2/13/09

Date