

P09000026104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

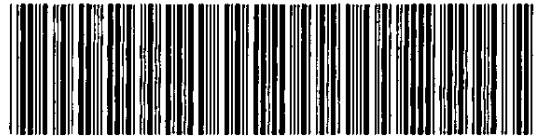
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/20/09--01001--011 **70.00

FILED

2009 MAR 20 P 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-23-09
WC

COVER LETTER

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

SUBJECT: Helen A. Preston, 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: Steve Smith

Name (Printed or typed)

110 Lanman Road

Address

Niceville, FL 32578

City, State & Zip

850-499-9371

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:

Helen A Preston, MD PA

ARTICLE II PRINCIPAL OFFICE

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

129 E Redstone Avenue Suite A
Crestview, FL 32539

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

medical practice

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):

Helen A Preston
129 E Redstone Avenue
Crestview, FL 32539
President

ARTICLE VI REGISTERED AGENT

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

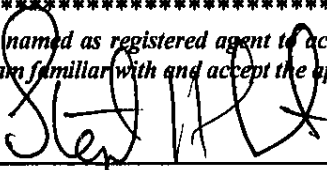
Steve Smith
110 Lanman Road
Niceville, FL 32578

ARTICLE VII INCORPORATOR

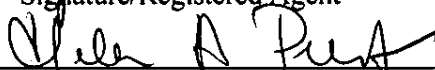
The name and address of the Incorporator is:

Helen A Preston
129 E Redstone Ave Suite A
Crestview, FL 32539

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



Signature/Incorporator

3-17-09

Date

3-17-09

Date

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2009 MAR 20 P 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA