

PO9000055403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

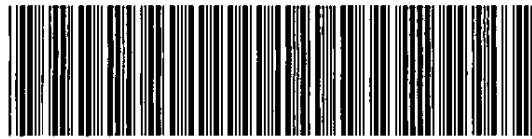
(Document Number)

Certified Copies _____

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05/29/09--01029--003 **78.75

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2009 JUN 19 P 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11552 000000N

COVER LETTER

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

SUBJECT: _____

Shul Corp, 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: _____

Michael Shulman
Name (Printed or typed)

100 Via Lugano Circle #208
Address

Boynton Beach, FL 33438
City, State & Zip

561-523-0623
Daytime Telephone number

drkforce13@yahoo.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2009

MICHAEL SHULMAN
100 VIA LUGANO CIRCLE, #208
BOYNTON BEACH, FL 33436

SUBJECT: SHUL-CORP., P.A.
Ref. Number: W09000025511

We have received your document for SHUL-CORP., 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 corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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: 509A00018419

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

NorthStar Surgical Assisting, P.A.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

*100 Via Lugano Circle, #208
Boynton Beach, FL 33436*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*independent contractor in the medical field:
provides services directly to patients +/or hospitals.*

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Michael Shulman, Owner
100 Via Lugano Circle #208
Boynton Beach, FL 33436*

ARTICLE VI REGISTERED AGENT

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

*Michael Shulman
100 Via Lugano Circle #208
Boynton Beach, FL 33436*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Michael Shulman
100 Via Lugano Circle #208
Boynton Beach, FL 33436*

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]

Signature/Registered Agent

5/26/09

Date

[Signature]

Signature/Incorporator

5/26/09

Date