

P09000058529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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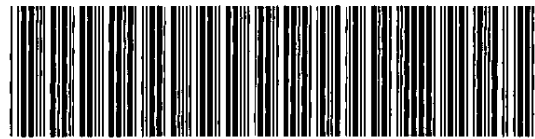
(Business Entity Name)

(Document Number)

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APPROVED
AND
FILED
09 JUL - 8 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: LAUDERDALE MEDICAL MANAGEMENT, INC.
(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: RICK BRUNS
Name (Printed or typed)

1136 SE THIRD AVENUE
Address

FT. LAUDERDALE, FLA. 33316
City, State & Zip

954 525 8602
Daytime Telephone number

dbruns11@aol.com
E-mail address: (to be used for future annual report notification)

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:

LAUDERDALE MEDICAL MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

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

1140 SE THIRD AVENUE. FORT LAUDERDALE, FLA. 33316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL BILLING

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):

RICK BRUNS P/T

ARTICLE VI REGISTERED AGENT

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

RICK BRUNS

1136 SE 3RD AVENUE FORT LAUDERDALE, FLA 33316

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RICK BRUNS

1136 SE 3RD AVENUE FORT LAUDERDALE, FLA 33316

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

07/06/1009

Date



Signature/Incorporator

07/06/2009

Date

APPROVED
AND
FILED

09 JUL -8 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA