

P09000063688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

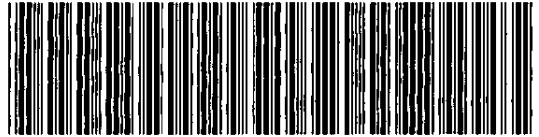
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/27/09--01024--015 **78.75

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7-28-06

COVER LETTER

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

SUBJECT: PODIATRY ASSOCIATES OF OKEECHOBEE 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: PODIATRY ASSOCIATES OF OKEECHOBEE INC
Name (Printed or typed)

7144 NOB HILL RD
Address

TAMARAC, FLORIDA 33321
City, State & Zip

954-720-5922
Daytime Telephone number

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

PODIATRY ASSOCIATES OF OKEECHOBEE INC
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:

PODIATRY ASSOCIATES OF OKEECHOBEE INC

ARTICLE II PRINCIPAL OFFICE

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

3912 SE 18TH TERRACE MAILING ADDRESS: 7144 NOB HILL ROAD
 OKEECHOBEE, FL 34974 TAMARAC, FL 33321

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER THE
 FLORIDA CORPORATION ACT.

ARTICLE IV SHARES

The number of shares of stock is:

THE CORPORATION IS AUTHORIZED TO ISSUE 100 SHARES OF \$1.00 PAR VALE COMMON STOCK.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

BRAIN FINKE-PRESIDENT
 7144 NOB HILL ROAD
 TAMARAC, FL 33321

ARTICLE VI REGISTERED AGENT

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

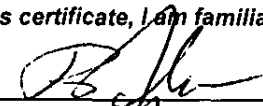
BRIAN FINKE
 7144 NOB HILL ROAD
 TAMARAC, FL 33321

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BRIAN FINKE
 7144 NOB HILL ROAD
 TAMARAC, FL 33321

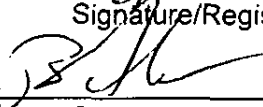
Having been named as registered agent to accept service of process for the above stated corporation at the place designated
 in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



 Signature/Registered Agent

7/23/09

 Date



 Signature/Incorporator

7/23/09

 Date

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 09 JUL 27 PM 3:27
 CLERK OF STATE
 TALLAHASSEE, FLORIDA