

P09000078792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

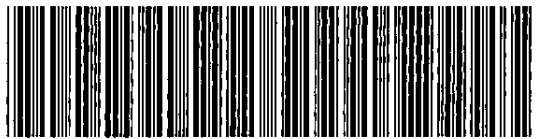
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2009 SEP 21 PM 2:22

9/22/09

COVER LETTER

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2009 SEP 21 PM 2: 22

SUBJECT: Flip Turn, Inc. II
(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: John A. Dryfuss Jr. MD
Name (Printed or typed)

132 NW 117th Way
Address

Gainesville, FL 32607
City, State & Zip

352-332-1332
Daytime Telephone number

DRYFUSS3@MSN.COM
E-mail address: (to be used for future annual report notification)

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

D
John A. Dryfuss Jr., MD
132 NW 117th Way
Gainesville, FL 32607

ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

FLIP TURN, Inc. II

2009 SEP 21 PM 2:22

ARTICLE II PRINCIPAL OFFICE

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

132 NW 117th Way
Gainesville, FL 32607

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All Lawful Business

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):

Dryfuss, John A. Jr. MD
132 NW 117th Way
Gainesville, FL 32607

ARTICLE VI REGISTERED AGENT

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

Dryfuss, John A. Jr. MD
132 NW 117th Way
Gainesville, FL 32607

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Dryfuss, John A. Jr. MD
132 NW 117th Way
Gainesville, FL 32607

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

9/17/09

Date

9/17/09

Date