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10 MAR 15 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-16-10 4

COVER LETTER

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

SUBJECT: Pediatric Resources 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Catherine Shaker
Name (Printed or typed)

11133 Ledge ment Lane
Address

Windermere, FL 34786
City, State & Zip

(414) 431-8104
Daytime Telephone number

pediatricseminars@gmail.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:

Pediatric Resources Inc.

ARTICLE II PRINCIPAL OFFICE

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

11133 Ledge ment Lane
Windermere, FL 34786

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All Lawful Business Purposes

ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares of no-par common shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Catherine Shaker, 11133 Ledge ment Lane, Windermere, FL 34786, Pres
~~Steven Tom~~ Shaker, 11133 Ledge ment Lane, Windermere, FL 34786, Secretary

ARTICLE VI REGISTERED AGENT

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

Catherine Shaker, 11133 Ledge ment Lane, Windermere, FL 34786

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Catherine Shaker, 11133 Ledge ment Lane, Windermere, FL 34786

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

Catherine Shaker

Signature/Registered Agent

3/10/10

Date

Catherine Shaker

Signature/Incorporator

3/10/10

Date

FILED
10 MAR 10 PM 1:51
MAR 10 2010
MAR 10 2010