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SECRETARY OF STATE

TAIL AHASSEE FLORIDS



Ps 7/6/10

COVER LETTER

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

SUBJECT: Emerale	d Coast Optometry Associates, P	'A	
		ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	t 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 CO	PY REQUIRED
	annon Fowler Nam 8 Commons Drive East, Suite A	e (Printed or typed)	
<u> </u>		Address	
Des	stin, FL 32541 City,	, State & Zip	
850	-654-3937		
	Daytime 1	elephone number	
smfe	owler@cox.net		
	E-mail address: (to be use	d for future annual report i	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:

Emerald Coast Optometry Associates, PA

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 11240 Panama City Beach Parkway

Suite 102

Panama City Beach, FL 32407

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Optometry services and ophthalmic materials sales.

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Shannon D.

4418 Commons President

Fowler

Dr E STE A,

Destin, FL 32541

ARTICLE VI REGISTERED AGENT

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

Shannon D. Fowler

4418 Commons Dr E

STE A

Destin, FL 32541

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Shannon Fowler

4418 Commons Dr E

STE A

Destin, FL 32541

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

8/2010
Date
8/2010
Date

SECRETARY OF STATE SECRETARY OF STATE

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