

P10000061432

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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07/14/10--01019--012 **78.75

10 JUL 27 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

W1-33429
PS 7/29/10



RECEIVED

10 JUL 27 PM 2:29

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2010

ROBERT M GAYNOR DPM
3400 FAIRLANE FARMS RD
WELLINGTON, FL 33314

SUBJECT: SHOES & MORE
Ref. Number: W10000033499

We have received your document for SHOES & MORE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II
New Filing Section

Letter Number: 710A00017291

COVER LETTER

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

SUBJECT: Shoes & More

(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: Robert M. Gaynor DPM

Name (Printed or typed)

3400 Fairlane Farms Rd.

Address

Wellington, FL. 33414

City, State & Zip

561-721-7063

Daytime Telephone number

nailcutter@aol.com

E-mail address: (to be used for future annual report notification)

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



DIA-FOOT™

A Complete Choice for the Medicare Diabetic Shoe Program

3400 Fairlane Farms Road

Wellington, FL 33414

Palm Beach: 561-791-1213

Toll Free: 877-405-3668

Web Site: www.dia-foot.com

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DIVISION OF CORPORAATION

July 23, 2010

Dear Pam,

I have elected to change the name of the corporation to SAS Shoes & More. Everything else remains the same. Please contact me if you have any questions at 561-721-7063.

Thank you for your time today.

Sincerely,

Robert M. Gaynor DPM
President SAS Shoes & More

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:

Shoes & More SAS shoes & more INC.

ARTICLE II PRINCIPAL OFFICE

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

10489 Southern Blvd.

Royal Palm Beach, FL. 33411

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail orthopedic and diabetic shoes to the public

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):

Robert M. 3400 Fairlane Farms President
Gaynor DPM Rd. Wellington, FL.
33414

Dawn L. Gaynor 3400 Fairlane Farms VP
Rd. Wellington, FL.
33414

ARTICLE VI REGISTERED AGENT

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

Dia-Foot C/O Robert Gaynor DPM
3400 Fairlane Farms Rd.
Wellington, FL. 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert M. Gaynor DPM
3400 Fairlane Farms Rd.
Wellington, FL. 33414

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

Date

Date

APPROVED
AND
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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