



**COVER LETTER**

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

**SUBJECT:** Schmeka A. Cofer, O.D., P.A.

**(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Schmeka A. Cofer  
Name (Printed or typed)

5780 S. University Dr, Bay 104  
Address

Davie, FL 33328  
City, State & Zip

(954) 434-9045  
Daytime Telephone number

DrCofer@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: Schmeka A. Cofer O.D., P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5780 S. University Dr., #104  
Davie, FL 33328

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Optometrist Office - Professional Services

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Schmeka A. Cofer, Owner  
Address: 5780 S. University Drive, #104  
Davie, FL 33328

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Schmeka A. Cofer  
Address: 5780 S. University Drive, #104  
Davie, FL 33328

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Schmeka A. Cofer  
Address: 5780 S. University Drive, #104  
Davie, FL 33328

*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*

Required Signature/Registered Agent

11/18/10  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Required Signature/Incorporator

11/18/10  
Date

FILED  
10 NOV 24 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA