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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stewart FEB 15 2011

COVER LETTER

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

SUBJECT: Island Surgical Care, 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 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: Siu-mei Rose Chan
Name (Printed or typed)

3 Coral Way
Address

Key West, FL 33040
City, State & Zip

(305) 294-4711
Daytime Telephone number

lharkenrider@yahoo.com
E-mail address: (to be used for future annual report notification)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Island Surgical Care, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3845 Seaside Drive

Suite # 101

Key West, FL 33040

Mailing address, if different is:

3 Coral Way

Key West, FL 33040

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Medical and Surgical Services.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Siu-mei Rose Chan, President

Address: 3 Coral Way

Key West, FL 33040

Name and Title: _____

Address: _____

Name and Title: Siu-mei Rose Chan, Secretary

Address: 3 Coral Way

Key West, FL 33040

Name and Title: _____

Address: _____

Name and Title: Lawrence E. Harkenrider, Treasurer

Address: 3 Coral Way

Key West, FL 33040

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: Siu-mei Rose Chan

Address: 3 Coral Way

Key West, FL 33040

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lawrence E. Harkenrider

Address: 3 Coral Way

Key West, FL 33040

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

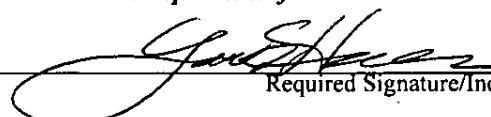


Required Signature/Registered Agent

02/09/2011

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

02/09/2011

Date

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