

P11 000035279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

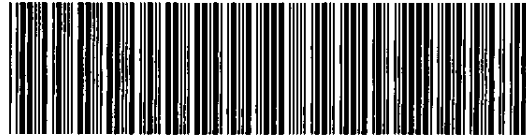
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 APR -8 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SC
4-8-11

COVER LETTER

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

SUBJECT: Steven S Morse, MD, PA

(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: Steven Morse

Name (Printed or typed)

4312 Oak View Dr

Address

Sarasota, FL 34232

City, State & Zip

941-378-1643

Daytime Telephone number

ssm51@aol.com ✓

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Steven S Morse, MD, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

4312 Oak View Dr

Sarasota, FL 34232

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Doctor

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Steven S Morse (President)

Address: 4312 Oak View Dr

Sarasota, FL 34232

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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: Steven S Morse

Address: 4312 Oak View Dr

Sarasota, FL 34232

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Steven S Morse

Address: 4312 Oak View Dr

Sarasota, FL 34232

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

4/5/11

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

4/5/11

Date

2011 APR - 8 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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