

P11000057408

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SECRETARY OF STATE  
BALTAMORE, MD

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SC  
6-21-11

## COVER LETTER

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

SUBJECT: OBGYN Board Prep, 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: Wendell Wall

Name (Printed or typed)

1613 Jamaica Dr

Address

Key West FL 33040

City, State & Zip

701-640-3073

Daytime Telephone number

wawallmd@gmail.com

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

SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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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: **OBGYN Board Prep, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1613 Jamaica Dr  
Key West FL 33040

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

General business purposes including education of medical doctors.

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

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

Name and Title: <u>Wendell Wall, Director</u>	Name and Title: _____
Address: <u>1613 Jamaica Dr</u>	Address: _____
<u>Key West FL 33040</u>	_____

Name and Title: <u>Wendell Wall, Director</u>	Name and Title: _____
Address: <u>1613 Jamaica Dr</u>	Address: _____
<u>Key West FL 33040</u>	_____

Name and Title: <u>Wendell Wall</u>	Name and Title: _____
Address: <u>1613 Jamaica Dr</u>	Address: _____
<u>Key West FL 33040</u>	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Wendell Wall  
Address: 1613 Jamaica Dr  
Key West FL 33040

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Wendell Wall  
Address: 1613 Jamaica Dr  
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

Wendell Wall  
Required Signature/Registered Agent

6-16-2011  
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.

Wendell Wall  
Required Signature/Incorporator

6-16-2011  
Date

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