## P11000059449

(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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SC 28-11

## **COVER LETTER**

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

SUBJECT:	Francine Bogum 1 P. A.  (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)	<del></del>
Enclosed are an or	riginal and one (1) copy of the articles of incorporation and a check for:	<b>_</b>
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status  \$78.75 Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED	
FROM: _	Francine Bogumil Name (Printed ortyped)  8848 Oak Landings Ct Address	
	City, State & Zip  561 629 2040  Daytime Telephone number	2011 JUN 24 PM 2: 3

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)

The name of the corporation shall be:	incine Bogi	mil, P.A.	
ARTICLE II PRINCIPAL OFFICE		,	
Principal atmost address	and ans Ct	Mailing add	dress, if different is:
8848 October 2	32836		
ARTICLE III PURPOSE			
The purpose for which the corporation is organized i	s:		
Practice L	aw		
ARTICLE IV SHARES			
The number of shares of stock is: 1500			
ARTICLE V INITIAL OFFICERS AND/OR	DIRECTORS		
Name and Title: Francise Bogum.  Address: 8848 Oak Lan  Orlando FL	l Resident Nam	ress:	
Name and Title:	Nam	e and Title:	
Address:			
Name and Title: Address:	Addi	e and Title:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT Name: Francing Do	acceptable) of the reg		2011 JI 8553 TALLA
Address: 8848 Oak Oslando F	Landings Ct		22
ARTICLE VII INCORPORATOR			
The <u>name and address</u> of the Incorporator is:	Ramil		N N
Name: transine Address: 8848 Gak	Bockmil Elanclings FL 32836	1+ >	:30
Having been named as registered agent to accept ser his certificate, I am familiar with and accept the appo	vice of process for th intment as registered	e above stated corport agent and agree to act	ntion at the place designated in this capacity
Required Signature/Registe	,		5/18/11
Required Signature/Register	red Agent	<del></del>	Date
submit this document and affirm that the facts sta locument to the Department of State constitutes a thir	ted herein are true. I d degree felony as pro	am aware that the favided for in s.817.155,	lse information submitted in F.S.
~ ~ /-	.,	-	- 11c111
Required Signature (Incom	morator		11011