

P110000063594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

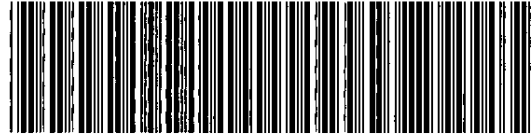
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000209658280

07/12/11--01009--014 **78.75

2011 JUL 12 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FL 32310

FILED

SC
7-15-11

COVER LETTER

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

SUBJECT: Cutter View 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: Ami Lynn Painter
Name (Printed or typed)

301 SE 5th Ave
Address

Pompano Beach, FL 33060
City, State & Zip

954 610 0375
Daytime Telephone number

AmiLynn215@bellsouth.net
E-mail address: (to be used for future annual report notification)

2011 JUL 12 PM 2:30
FILED
TALLAHASSEE, FL 32314
SECRETARY OF STATE

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: Cutter View, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

301 SE 5th Ave
Pompano Beach FL 33060

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Consultants

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ami Lynn Painter CEO
Address: 301 SE 5th Ave
Pompano Beach FL 33060

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: Ami Lynn Painter
Address: 301 SE 5th Ave
Pompano Beach FL 33060

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ami Lynn Painter
Address: 301 SE 5th Ave
Pompano Beach FL 33060

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

Ami Lynn Painter

Required Signature/Registered Agent

7/5/11

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.

Ami Lynn Painter

Required Signature/Incorporator

7/5/11

Date

FILED
2011 JUL 12 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA