

P11000095433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

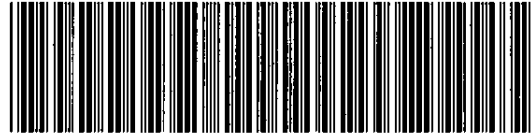
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
11/3

COVER LETTER

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

SUBJECT: DR. JOHN D. KARPINSKI 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: JOHN D. KARPINSKI
Name (Printed or typed)
761 SW. PINE TREE LN
Address
PALM CITY, FL 34990
City, State & Zip
772-223-5398
Daytime Telephone number
JDK4729@COMCAST.NET
E-mail address: (to be used for future annual report notification)

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:

DR. JOHN D. KARPINSKI, PA.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

761 SW PINE TREE LN
PALM CITY FL 34990

Mailing address, if different is

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE PRACTICE OF ORAL MAXILLOFACIAL SURGERY

ARTICLE IV SHARES

The number of shares of stock is:

100 (ONE HUNDRED)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN D. KARPINSKI CEO

Address: 761 SW PINE TREE LN
PALM CITY, FL 34990

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: JOHN D. KARPINSKI
Address: 761 SW PINE TREE LN
PALM CITY FL 34990

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOHN D. KARPINSKI
Address: 761 SW PINE TREE LN
PALM CITY FL 34990

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

10/27/11
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

10/27/11
Date