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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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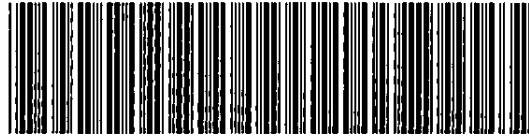
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Northwest Florida Medical Complex, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Mark Mulligan

Mark Mulligan
Name (Printed or typed)

12-17-11

1005 Buena Vista Blvd

Address

Panama City, Fl., 32401

City, State & Zip

850-532-4665

Daytime Telephone number

markmulligan60@gmail.com

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:

Northwest Florida Medical Complex, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1005 Buena Vista Blvd
Panama City, FL, 32401

Mailing address, if different is:
PO Box 15254
Panama City, FL, 32406

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawfull business

ARTICLE IV SHARES

The number of shares of stock is:

2,000,000,000 (Two Billion)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **President: Mark Mulligan**
Address: **1005 Buena Vista Blvd**
Panama City, FL, 32401

Name and Title: _____
Address: _____

Name and Title: **VP: Tantawan Mulligan**
Address: **1005 Buena Vista Blvd**
Panama City, FL, 32401

Name and Title: _____
Address: _____

Name and Title: **Secretary: Shaun Mulligan**
Address: **3408 Douglas Rd**
Panama City, FL, 32405

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: **Mark Mulligan**
Address: **1005 Buena Vista Blvd**
Panama City, FL, 32401

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Mark Mulligan**
Address: **1005 Buena Vista Blvd**
Panama City, FL, 32401

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

Mark Mulligan

Required Signature/Registered Agent

12-17-2011

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.

Mark Mulligan

Required Signature/Incorporator

12-17-2011

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC 19 AM 10:12

APPROVED
AND
FILED