

P/2000000505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

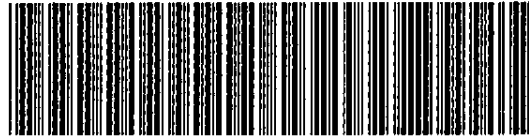
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700214634797

12/02/11--01031--010 \*\*/8.75

FILED  
12 JAN -3 PM 3:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W11-60921

EFFECTIVE DATE 01/01/12



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 DEC 30 PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 5, 2011

THOMAS MCALLISTER WADE  
17901 NW 5TH STREET  
SUITE 204  
PEMBROKE PINES, FL 33029

SUBJECT: MCALLISTER WADE, P.A.  
Ref. Number: W11000060921

We have received your document for MCALLISTER WADE, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang,  
Regulatory Specialist II  
New Filing Section  
Letter Number: 011A00027192

## COVER LETTER

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

SUBJECT: McAllister Wade, P.A.

(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: Thomas McAllister Wade

Name (Printed or typed)

17901 NW 5th Street, Suite 204

Address

Pembroke Pines, FL 33029

City, State & Zip

954-435-4250

Daytime Telephone number

twademd@att.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:

**McAllister Wade, P.A.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

17901 NW 5th Street, Suite 204

Pembroke Pines, FL 33029

Mailing address, if different is:

same as principal address

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Medical Practice**

**ARTICLE IV SHARES**

The number of shares of stock is:

One (1)

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

Name and Title: **Thomas M. Wade**

Address: 17901 NW 5th Street, Suite 204

Pembroke Pines, FL 33029

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

FILED  
12 JAN -3 PM 3:23  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: **Thomas M. Wade**

Address: 17901 NW 5th Street, Suite 204

Pembroke Pines, FL 33029

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **THOMAS M. WADE**

Address: 2704 NE 26th AVE

FORT LAUDERDALE, FL 33306

**ARTICLE VIII EFFECTIVE**

DATE: JANUARY 1, 2012

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

*Thomas M. Wade*

THOMAS M. WADE

Required Signature/Registered Agent

11/29/2011

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.

*Thomas M. Wade*

THOMAS M. WADE

Required Signature/Incorporator

11/29/2011

Date

EFFECTIVE DATE 01/01/12