

P12000020486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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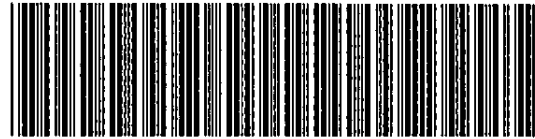
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/29/12--01011--003 **70.00

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12 FEB 29 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
3/1/12

COVER LETTER

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

SUBJECT: COLORECTAL ASSOCIATES OF SOUTH FLORIDA, 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: HENRY WODNICKI
Name (Printed or typed)

3702 WASHINGTON STREET, SUIT 205
Address

HOLLYWOOD FL 33021
City, State & Zip

954-983-4420
Daytime Telephone number

henrywodnicki@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

COLORECTAL ASSOCIATES OF SOUTH FLORIDA, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
3702 WASHINGTON ST., STE 205
HOLLYWOOD FL 33021

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ALL LEGAL PROFESSIONAL SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HENRY WODNICKI, PRESIDENT
Address: 1107 101ST STREET
BAY HARBOR ISLANDS FL 33154

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:

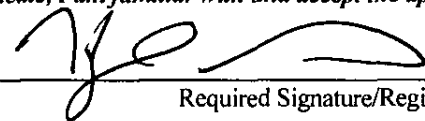
Name: HENRY WODNICKI
Address: 1107 101ST STREET
BAY HARBOR ISLANDS FL 33154

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

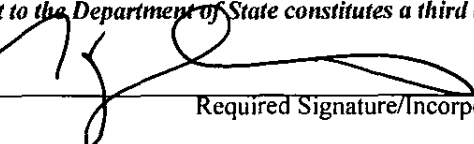
Name: HENRY WODNICKI
Address: 1107 101ST STREET
BAY HARBOR ISLANDS FL 33154

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

2/27/12
Date
EFFECTIVE 3/1/12

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

2/27/12
Date
EFFECTIVE 3/1/12

FILED
12 FEB 29 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA