

P/2000029633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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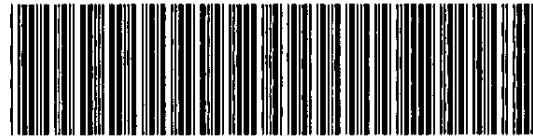
(Business Entity Name)

(Document Number)

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SECURITIES UNIT OF STATE
TALLAHASSEE, FLORIDA

K 03/28/12

COVER LETTER

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

SUBJECT: STEVEN SCHEIN, D.P.M., 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: Steven Schein, D.P.M.

Name (Printed or typed)

PO Box 266345

Address

Weston, FL 33326

City, State & Zip

954-755-7505

Daytime Telephone number

uschein@me.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: **STEVEN SCHEIN, D.P.M., P.A.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
3100 Coral Hills Dr., Suite 204
Coral Springs, FL 33065

Mailing address, if different is:
PO Box 266345
Weston, FL 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Podiatry Office

ARTICLE IV SHARES

The number of shares of stock is: **10**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Steven Schein, D.P.M. President**
Address: **PO Box 266345**
Weston, FL 33326

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: **Steven Schein, D.P.M.**
Address: **3100 Coral Hills Dr., Suite 204**
Coral Springs, FL 33065

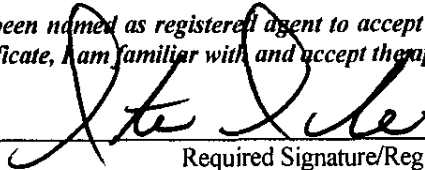
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Steven Schein, D.P.M.**
Address: **PO Box 266345**
Weston, FL 33326

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

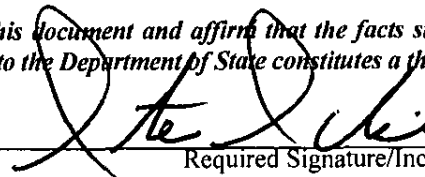


Required Signature/Registered Agent

03/19/2012

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

03/19/2012

Date