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12 JUN -8 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FL 32399

2012 JUN 11 11:11 AM

COVER LETTER

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

SUBJECT: CHRISTINE L. JOHNSTONE, MD 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: CHRISTINE L. JOHNSTONE
Name (Printed or typed)

9128 STARPASS DRIVE
Address

JACKSONVILLE, FL 32256
City, State & Zip

904-464-0387
Daytime Telephone number

CLJOHNSTONE@AOL.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: CHRISTINE L. JOHNSTONE, M.D. PA

ARTICLE II PRINCIPAL OFFICE

Principal street address
9128 STARPASS DRIVE
JACKSONVILLE FL
32256

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PATIENT CARE

ARTICLE IV SHARES

The number of shares of stock is: ONE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRISTINE L. JOHNSTONE, M.D.
Address: 9128 STARPASS DRIVE
JACKSONVILLE, FL 32206

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: CHRISTINE L. JOHNSTONE
Address: 9128 STARPASS
JACKSONVILLE, FL 32206

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHRISTINE L. JOHNSTONE
Address: 9128 STARPASS
JACKSONVILLE, FL 32206

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

6.5.2012

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

6.5.2012

Date

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TALLAHASSEE, FLORIDA