

P12000074650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

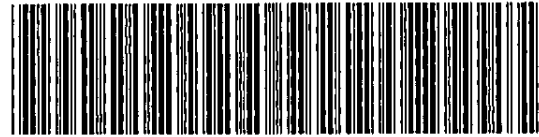
(Business Entity Name)

(Document Number)

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

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08/30/12--01013--003 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 AUG 30 AM 11:45

Ps 8/31/12

## COVER LETTER

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

SUBJECT: Providence MD, 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: Gene Church

Name (Printed or typed)

519 North Palafox Street

Address

Pensacola, FL 32501

City, State & Zip

(850) 438-7667

Daytime Telephone number

info@providencemd.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)

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DIVISION OF CORPORATIONS

**ARTICLE I NAME**

Providence MD, Inc.

The name of the corporation shall be:

12 AUG 30 AM 11:45

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
519 North Palafox Street  
Pensacola, FL 32501

Mailing address, if different is:  
P O Box 866  
Pensacola, FL 32591

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
All legally allowable purposes.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Gene Church, President, DIRECTOR  
Address: 2 Portofino Drive Suite 1704  
Pensacola Beach, FL 32561

Name and Title: Zachary McCay, VP/Secretary, DIRECTOR  
Address: 1125 Sterling Point  
Gulf Breeze, FL 32563

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: Gene Church  
Address: 519 North Palafox Street  
Pensacola, FL 32501

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

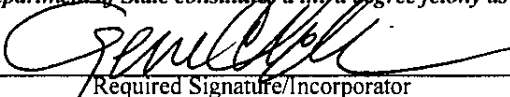
Name: Gene Church  
Address: 519 North Palafox Street  
Pensacola, FL 32501

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

8/27/12  
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

8/27/12  
Date