

P/2000078599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

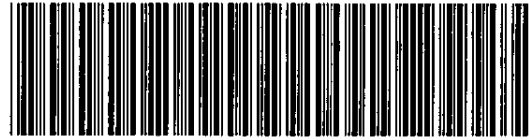
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Certified Copies _____

Certificates of Status _____

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κ 09/17/12

COVER LETTER

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

SUBJECT: CERTIFICATE OF DOMESTICATION

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

| | |
|--|----------|
| Certificate of Domestication | \$ 50.00 |
| Articles of Incorporation and Certified Copy | \$ 78.75 |
| Total to domesticate and file | \$128.75 |

OPTIONAL:

| | |
|-----------------------|---------|
| Certificate of Status | \$ 8.75 |
|-----------------------|---------|

APRIL ANDERSON
Name (printed or typed)

701 S OLIVE AVENUE APT 1512
Address

WEST PALM BEACH FL 33401
City, State & Zip

213-200-0095
Daytime Telephone Number

APRILA123456@GMAIL.COM
E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The undersigned, APRIL ANDERSON, PRESIDENT,
(Name) (Title)

of APRIL ANDERSON, M.D., P.A. a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was OCTOBER 28, 2010.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was TEXAS.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was APRIL ANDERSON, M.D., P.A..
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is APRIL ANDERSON, M.D., P.A.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was TEXAS.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am April Anderson of APRIL ANDERSON, M.D., P.A.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 12 day of SEPTEMBER, 2012.


(Authorized Signature)

| | |
|---|-----------------|
| Filing Fee: | |
| Certificate of Domestication | \$ 50.00 |
| Articles of Incorporation and Certified Copy | \$ 78.75 |
| Total to domesticate and file | \$128.75 |

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

APRIL ANDERSON, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

701 S OLIVE AVENUE APT 1512
WEST PALM BEACH FL 33401

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

THIS CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING
IN THE PRACTICE OF MEDICINE.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

100

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

APRIL ANDERSON - PRESIDENT
701 S OLIVE AVENUE APT 1512
WEST PALM BEACH FL 33401

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

*THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:*

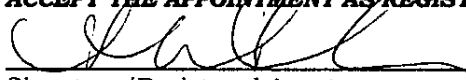
APRIL ANDERSON
701 S OLIVE AVENUE APT 1512
WEST PALM BEACH FL 33401

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

APRIL ANDERSON
701 S OLIVE AVENUE APT 1512
WEST PALM BEACH FL 33401

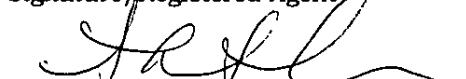
**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.**



Signature/Registered Agent

9/12/12

Date



Signature/Incorporator

9/12/12

Date

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APRIL ANDERSON
M.D., P.A.
WEST PALM BEACH, FLORIDA