

P12000088815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

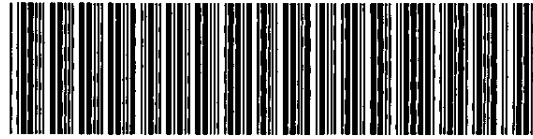
(Business Entity Name)

(Document Number)

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

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Office Use Only



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10/19/12--01004--004 \*\*78.75

FILED  
12 OCT 19 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

10/22/12

## COVER LETTER

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

**SUBJECT:** Linda A. Miller, 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:** Linda A. Miller

Name (Printed or typed)

8656 Woodbriar Dr

Address

Sarasota, FL 34238

City, State & Zip

(941) 312-5650

Daytime Telephone number

L.MILLER551@AOL.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)

FILED

**ARTICLE I NAME**

The name of the corporation shall be: Linda A. Miller, P.A.

12 OCT 19 PM 4:05

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

SECRETARY OF STATE  
MAILING ADDRESS, IF DIFFERENT IS:

8656 Woodbriar Dr.  
Sarasota, FL 34238

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For the specific purpose of the lawful practice of General Surgery.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000, 0 par value

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

Name and Title: Linda A. Miller

Address: 8656 Woodbriar Dr.  
Sarasota, FL 34238

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: Linda A. Miller

Address: 8656 Woodbriar Dr  
Sarasota, FL 34238

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

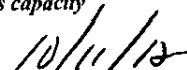
Name: Linda A. Miller

Address: 8656 Woodbriar Dr  
Sarasota, FL 34238

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

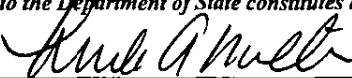


Required Signature/Registered Agent

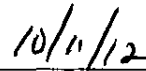


Date

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



Date