

P12000091147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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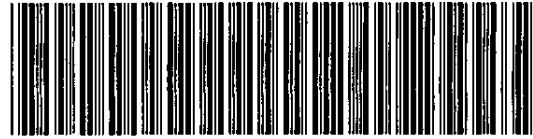
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 OCT 29 PM 1:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

1/H

COVER LETTER

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

SUBJECT: JP OF COOPER CITY 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: Joseph Ciavarella

Name (Printed or typed)

3511 Ottawa Lane

Address

Cooper City, Florida 33026

City, State & Zip

954-309-1520

Daytime Telephone number

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: JP of Cooper City Inc

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address
3511 Ottawa Lane
Cooper City, Florida 33026

Mailing address, if different is: 12 OCT 29 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Conduct any and all lawful Medical Health Business in the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Joseph Ciavarella President</u>	Name and Title: _____
Address: <u>3511 Ottawa Lane</u>	Address: _____
<u>Cooper City, Florida 33026</u>	_____

Name and Title: <u>Paul Bosse Vice President</u>	Name and Title: _____
Address: <u>9424 SW 51 Place</u>	Address: _____
<u>Cooper City, Florida 33328</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Joseph Ciavarella
Address: 3511 Ottawa Lane
Cooper City, Florida 33026

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Randall Williamson
Address: 4650 SW 47th Terrace
Davie, Florida 33314

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

10-24-12
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

10/24/12
Date