

P12000092901

(Requestor's Name)

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(City/State/Zip/Phone #)

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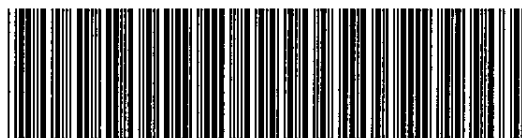
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

WH

COVER LETTER

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

SUBJECT: FLORIDA CENTER FOR NEUROLOGY, PARKINSON'S DISEASE AND MOVEMENT DISORDERS, P.A. 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: CENK SENGUN, MD

Name (Printed or typed)

1865 79TH STREET CSWY APT 10H

Address

NORTH BAY VLG, FL 33141

City, State & Zip

305-865-8125

Daytime Telephone number

CENKSENGUN@YAHOO.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)

ARTICLE I NAME

The name of the corporation shall be: **FLORIDA CENTER FOR NEUROLOGY, PARKINSON'S DISEASE AND MOVEMENT DISORDERS, P.A.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
1865 79TH STREET CSWY APT 10H
NORTH BAY VLG, FL 33141

Mailing address, if different is:
SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO ENGAGE IN THE LEGAL ACTIVITIES OF A MEDICAL PRACTICE

ARTICLE IV SHARES

The number of shares of stock is: **1000 SHARES OF COMMON STOCK .01 PAR VALUE**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **CENK SENGUN, PRESIDENT**
Address: **1865 79TH STREET CSWY APT 10H**
NORTH BAY VLG, FL 33141

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:

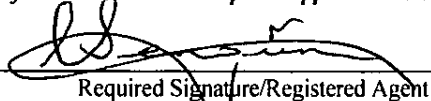
Name: **CENK SENGUN**
Address: **1865 79TH STREET CSWY APT 10H**
NORTH BAY VLG, FL 33141

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

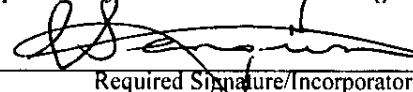
Name: **CENK SENGUN**
Address: **1865 79TH STREET CSWY APT 10H**
NORTH BAY VLG, FL 33141

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

6/12/2012
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

6/12/2012
Date

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12 NOV -6 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA