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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
KEITH BUCHHOLZ, PA

Certificate of Status	0
Certified Copy	1
Page Count	02
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Corporate Filing Menu

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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:
KEITH BUCHHOLZ, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1203 HILLSBORO MILE, #9A
HILLSBORO BEACH, FL 33062

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
MEDICAL PRACTICE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KEITH BUCHHOLZ/ PRESIDENT/DIRECTOR
Address: 1203 HILLSBORO MILE, #9A
HILLSBORO BEACH, FL 330162

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: KEITH BUCHHOLZ
Address: 1203 HILLSBORO MILE, #9A
HILLSBORO BEACH, FL 33062

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KEITH BUCHHOLZ
Address: 1203 HILLSBORO MILE, #9A
HILLSBORO BEACH, FL 33062

Having been named as registered agent to accept service of process for the above stated corporation at its place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to do so 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

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