

P130000020123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600245092536

03/01/13--01010--004 **78.75

FILED
13 MAR -1 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 3/4

COVER LETTER

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

SUBJECT: Dr. Andrea Orphanos, 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: Joel Kupferman

Name (Printed or typed)

4310 Sheridan St., Suite 202

Address

Hollywood, Florida 33021

City, State & Zip

954-961-1040

Daytime Telephone number

Kupfermancpa@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)

ARTICLE I NAME

The name of the corporation shall be: Dr. Andrea Orphanos, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

501 S. Atlantic Ave.

Cocoa Beach, Fl. 32931

Mailing address, if different is:

FILED
13 MAR - 1 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide medical services

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Andrea Orphanos

Name and Title: _____

Address: President/Director

Address: _____

501 S. Atlantic Ave.

Cocoa Beach, Fl. 32931

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(conti.)

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
13 MAR - 1 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name:

Joel Kupferman

Address:

4310 Sheridan St., Suite 202
Hollywood, Fl. 33021

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name:

Joel Kupferman

Address:

4310 Sheridan St., Suite 202
Hollywood, Fl. 33021

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

2/25/13

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

2/25/13

Date