

P13000055414

(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



900248692259

06/26/13--01010--006 **78.75

FILED
13 JUN 26 PM 3:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

MD 6/27

COVER LETTER

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

SUBJECT: **Pedro Luis Lazaro MD PA**

(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **Pedro Lazaro MD**

Name (Printed or typed)

1142 SE 28th Terrace

Address

Cape Coral FL 33904

City, State & Zip

813-508-6868

Daytime Telephone number

lizzy1142@ymail.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: Pedro Luis Lazaro MD PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1142 SE 28th Terrace

Cape Coral FL 33904

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Psychiatric Services

FILED
JUN 26 PM 3:00
CLERK OF DISTRICT COURT
STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pedro Lazaro, MD

Name and Title: _____

Address 1142 SE 28th Ter

Address: _____

Cape Coral, FL 33904

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(cont.)

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: Pedro Lazaro MD

Address: 1142 SE 28th Terrace

Cape Coral, FL 33904

FILED
13 JUN 26 PM 3:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pedro Lazaro MD

Address: 1142 SE 28th Ter

Cape Coral FL 33904

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

P. Lazaro MD

Required Signature/Registered Agent

6-24-13

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.

P. Lazaro MD

Required Signature/Incorporator

6-24-13

Date