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DIVISION OF CORPORATIONS
2013 SEP 26 PM 2:42

1A

COVER LETTER

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

SUBJECT: **MURALI KRISHNA, M.D., 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: **MURALI KRISHNA**

Name (Printed or typed)

1004 BEVERLY DRIVE, STE B

Address

ROCKLEDGE, FL 32955

City, State & Zip

321-604-5521

Daytime Telephone number

smkrishna@gmail.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)

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ARTICLE I NAME
The name of the corporation shall be: MURALI KRISHNA, M.D., P.A.

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ARTICLE II PRINCIPAL OFFICE
Principal street address
1004 BEVERLY DRIVE, STE B
ROCKLEDGE, FL 32955

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: PRACTICE MEDICINE

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>MURALI KRISHNA, M.D.</u>	Name and Title:	_____
Address	<u>1004 BEVERLY DR, STE B</u>	Address:	_____
	<u>ROCKLEDGE, FL 32955</u>		_____
	_____		_____

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

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

(conti.)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: MURALI KRISHNA,
Address: 1004 BEVERLY DRIVE, STE B
ROCKLEDGE, FL 32955

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MURALI KRISHNA
Address: 1004 BEVERLY DR, STE B
ROCKLEDGE, FL 32955

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

Murali Krishna

Required Signature/Registered Agent

9/23/2013

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.

Murali Krishna

Required Signature/Incorporator

9/23/2013

Date