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TALLAHASSEE, FLORIDA

MD 12/20

## COVER LETTER

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

**SUBJECT:** Howard Schechter, MD Consulting, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Howard O. Schechter, M.D.  
\_\_\_\_\_  
Name (Printed or typed)  
  
6790 Casa Grande Way  
\_\_\_\_\_  
Address  
  
Delray Beach, Florida 33446  
\_\_\_\_\_  
City, State & Zip  
  
(847) 809-2500  
\_\_\_\_\_  
Daytime Telephone number  
  
hschecht2@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)

**ARTICLE I NAME** Howard O. Schechter, M.D. Consulting, Inc.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
6790 Casa Grande Way

Mailing address, if different \_\_\_\_\_

Delray Beach, Florida 33446

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STATE OF FLORIDA  
COUNTY OF DELAWARE

**ARTICLE III PURPOSE** The transaction of any and all lawful business for which  
The purpose for which the corporation is organized is:  
corporations may be incorporated under Florida law.

**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Howard O. Schechter, M.D.,  
President  
Address: 6790 Casa Grande Way  
Delray Beach, Florida 33446

Name and Title: Howard O. Schechter, M.D.,  
Treasurer  
Address: 6790 Casa Grande Way  
Delray Beach, Florida 33446

Name and Title: Howard O. Schechter, M.D.,  
Secretary  
Address: 6790 Casa Grande Way  
Delray Beach, Florida 33446

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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: Howard O. Schechter, M.D.

Address: 6790 Casa Grande Way

Delray Beach, Florida 33446

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ALLAHABAD, FLORIDA

**ARTICLE VII INCORPORATOR**

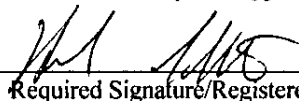
The name and address of the Incorporator is:

Name: Howard O. Schechter, M.D.

Address: 6790 Casa Grande Way

Delray Beach, Florida 33446

*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

12/18/13

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

12/18/13

Date