

Division of Corporations

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P14 000056501

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-0992
Fax Number : (850) 878-5068

RE-SUBMIT

Please retain original filing
date of submission 6/19

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION**Erin Lindholm, M.D., P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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14 JUN 19 PM 2:33

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COVER LETTER

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

SUBJECT: Erin Lindholm, 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: Erin Lindholm, M.D., P.A.

Name (Printed or typed)

2518 Las Brisas

Address

Corpus Christi, TX 78414

City, State & Zip

(559) 280-7678

Daytime Telephone number

erin@thelindholm.net

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: Erin Lindholm, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2518 Las Brias

Corpus Christi, TX 78414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any legal activity / business management services

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ARTICLE IV SHARES 2000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Erin Lindholm, M.D. Director

Name and Title: _____

Address 2518 Las Brias

Address: _____

Corpus Christi, TX 78414

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: NRAI Services, Inc.
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

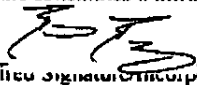
The name and address of the Incorporator is:

Name: Brent Buscay
Address: 2518 Las Brias
Corpus Christi, TX 78414

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

By:	NRAI Services, Inc. <u></u>	<u>6/17/2014</u>
	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.

<u></u>	<u>6/17/2014</u>
Required Signature/Incorporator	Date
Brent Buscay	