

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  
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**\*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.\*\*

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

Certificate of Status	0
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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 Brias  
\_\_\_\_\_  
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.  6/17/2014

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.*

 6/17/2014

Required Signature/Incorporator Date

Brent Buscay