

PIAD000080429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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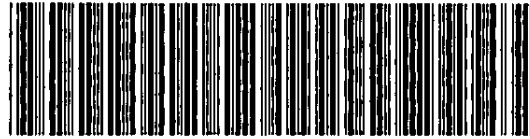
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/25/14--01015--009 **78.75

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14 SEP 25 AM 7:28
SECRET OF STATE
TREASURY SEC FLORIDA

COVER LETTER

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

SUBJECT: **ENL 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 ☒ \$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: **David M. Glassberg**

Name (Printed or typed)

13611 S. Dixie Highway, #109-514

Address

Miami, FL 33176

City, State & Zip

(305) 669-9535

Daytime Telephone number

glassberglaw@aol.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: ENL M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6880 S.W. 101 Street

Pinecrest, FL 33156

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Provide Orthopedic, Workmans Compensation

Medical Examinations and related Medical Services

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elliot N. Lang, President

Name and Title: _____

Address 6880 S.W. 101 Street

Address: _____

Pinecrest, FL 33156

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

(conti.)

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: Elliot N. Lang

Address: 6880 S.W. 101 Street

Pinecrest, FL 33156

ARTICLE VII INCORPORATOR

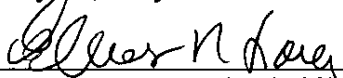
The name and address of the Incorporator is:

Name: Elliot N. Lang

Address: 6880 S.W. 101 Street


Pinecrest, FL 33156

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

9/24/14
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

9/24/14
Date

14 SEP 25 AM 7:28
SECTION 1601, F.S. (DATE)
TALLAHASSEE, FLORIDA