

P140000081210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

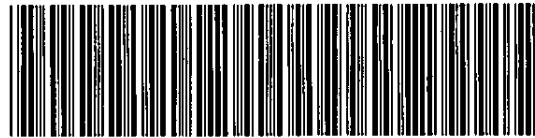
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

OCT - 3 2014  
A. DUNLAP

Office Use Only



400264352284

TO: SECRETARY OF STATE  
SOFT COPY OF FILING

2014 SEP 24 PM 4:27

RECEIVED  
SECRETARY OF STATE  
FILING DIVISION

SECRETARY OF STATE  
TALLAHASSEE FL 32304

14 SEP 24 AM 10:42

FILED



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 312731 4366096

AUTHORIZATION :

*Spudelman*

COST LIMIT : \$ 78.75

ORDER DATE : September 24, 2014

ORDER TIME : 4:03 PM

ORDER NO. : 312731-005

CUSTOMER NO: 4366096

DOMESTIC FILING

NAME: IGALMED PC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
14 SEP 24 PM 10:42  
SECRETARY OF STATE  
ALL AMHOSP 700900



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 1, 2014

CORPORATION SERVICE COMPANY  
ATTN: COURTNEY WILLIAMS

SUBJECT: IGALMED PC  
Ref. Number: W14000058735

**RESUBMIT**

Please give original  
submission date as file date.

We have received your document for IGALMED PC and the authorization to debit your account in the amount of \$78.75. However, the document has not been filed and is being returned for the following:

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

Please accept our apology for failing to mention this in our previous letter.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Andy Dunlap  
Senior Section Administrator

Letter Number: 114A00020949

RECEIVED  
DEPARTMENT OF STATE  
14 SEP 24 AM 10:54



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 25, 2014

CORPORATION SERVICE COMPANY  
ATTN: COURTNEY WILLIAMS

SUBJECT: IGALMED PC  
Ref. Number: W14000058735

**RESUBMIT**  
Please give original  
submission date as file date.

We have received your document for IGALMED PC and the authorization to debit your account in the amount of \$78.75. However, the document has not been filed and is being returned for the following:

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 914A00020596

RECEIVED  
14 SEP 29 PM 4:26  
DIVISION OF CORPORATIONS

## COVER LETTER

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

**SUBJECT:** IGALMED-FL PA

(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:** Korrie Lalim, OD

Name (Printed or typed)

700 Pier Park Drive

Address

Panama City, FL 32413

City, State & Zip

850-230-8350

Daytime Telephone number

LALIM.OD@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**

The name of the corporation shall be: IGALMED-FL PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

700 Pler Park Drive, Panama City, FL 32413

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide optometric services

**ARTICLE IV SHARES**

The number of shares of stock is: 200 shares

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

Name and Title: Korrie Lalim, OD - Owner

Name and Title:

Address 700 Pler Park Drive

Address:

Panama City, FL 32413

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED  
14 SEP 27 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(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: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Korrie Lalim, OD  
Address: 700 Pier Park Drive  
Panama City, FL 32413

FILED  
14 SEP 24 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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: Courtney Williams Asst. Vice President 10-01-2014  
Corporation Service Company  
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.*

[Signature] 09/29/14  
Required Signature/Incorporator Date