

P14000097044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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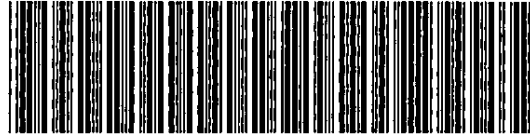
(Business Entity Name)

(Document Number)

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

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14 NOV 24 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/3/14

COVER LETTER

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

SUBJECT: **Emerald Shores Rheumatology, 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  
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: **Rachel W Brown**

Name (Printed or typed)

**2746 Sunrunner Lane**

Address

**Gulf Breeze, FL 32563**

City, State & Zip

**(850) 203-1762**

Daytime Telephone number

**emeraldshorestheumatology@gmail.com**

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 NOV 26 PM 3:59

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ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: Emerald Shores Rheumatology Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2746 Sunrunner Lane  
Gulf Breeze, FL 32563

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide rheumatological medical  
care.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Rachel W Brown MD Owner

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

Address 2746 Sunrunner Lane

Address: \_\_\_\_\_

Gulf Breeze, FL 32563

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: Rachel W Brown  
Address: 2746 Sunrunner Lane  
Gulf Breeze, FL 32563

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: Stephen B Scott  
Address: 804 N 75th Ave  
Pensacola, FL 32506

*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

11/20/14  
\_\_\_\_\_  
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

11/20/14  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA