

P/4000102605

(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:

ADDED "10" TO ARTICLE
IV (SHARES) PER TELEPHONE
CONVERSATION WITH
JAMES C. CASEY.

12/31/14



000267712610

12/30/14--01026--001 **70.00

FILED
14 DEC 30 AM 11:35
FILING OFFICE

Office Use Only

12/31/14

COVER LETTER

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

SUBJECT: **ROXANNA, CORPORATION**

(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: **JAMES C. CASEY**

Name (Printed or typed)

2701 PONCE DE LEON BLVD. # 200

Address

CORAL GABLES, FLORIDA 33134

City, State & Zip

305-448-5672

Daytime Telephone number

jimcasey@scllp.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: ROXANNA, CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1754 E. Commercial Blvd.

Ft. Lauderdale, Fl 33334

954-772-1069

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of this Corporation is to provide management and educational consulting to the those in the medical profession and medically related issues as well as any legal, related business purpose.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chance T. Kaplan

Name and Title: M.D./President

Address 1754 E. Commercial Blvd.

Address: _____

Ft. Lauderdale Fl, 33334

954-772-1069

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(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: James C. Casey
Address: 2701 Ponce De Leon Blvd. # 200
Coral Gables, Florida 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James C. Casey
Address: 2701 Ponce De Leon Blvd. # 200
Coral Gables, Florida 33134

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

James C. Casey
Required Signature/Registered Agent

12/19/14

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.

James C. Casey
Required Signature/Incorporator

12/19/14

Date

FILED
14 DEC 30 AM 11:35
TALLAHASSEE
FLA