

PI5000006158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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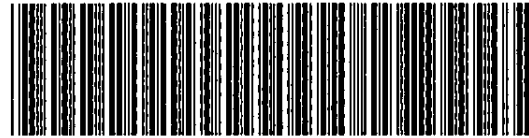
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JAN 20 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-23-15

COVER LETTER

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

SUBJECT: Surgical Professionals, 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: Debora A. Harris

Name (Printed or typed)

3005 Watson Drive

Address

Marianna, FL 32446

City, State & Zip

423-505-5512

Daytime Telephone number

debbie@zharris.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: Surgical Professionals, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3005 Watson Drive

Marianna, FL 32446

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide surgical services and/or any
other legal service or product deemed appropriate by the Board of Directors

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Debora A. Harris, President/Director

Name and Title: Archie Harris, Secretary/Director

Address: 3005 Watson Drive
Marianna, FL 32446

Address: 3005 Watson Drive
Marianna, FL 32446

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: Mary Ann Harris
Address: 3005 Watson Drive
Marianna FL 32446

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Debora A. Harris
Address: 3005 Watson Drive
Marianna, FL 32446

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

Mary Ann Harris 1/10/2015
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.

Debora A Harris 1/10/2015
Required Signature/Incorporator Date