

PI5000035720

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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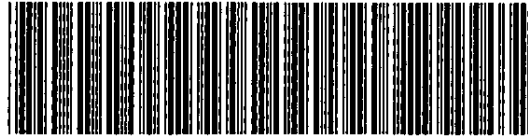
(Business Entity Name)

(Document Number)

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15 APR 17 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Florida PhysicianWork, INC
(PROPOSED CORPORATE NAME ¹ 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: Rebecca L. Lynn
Name (Printed or typed)

5435 Frederick Lake Dr
Address

Port Orange, FL 32128
City, State & Zip

804-761-4403
Daytime Telephone number

rebecca@floridaphysicianwork.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: Florida PhysicianWork Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5435 Fredenck Lake Dr
Port orange, FL
32128

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide physician + midlevel
staffing and recruitment services.

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Rebecca Lynn, Managing</u>	Name and Title:	<u>Lawrence Achler, President</u>
Address	<u>5435 Fredenck Lake Dr.</u>	Address:	<u>5435 Fredenck Lake Dr</u>
	<u>Port orange, FL 32128</u>		<u>Port orange, FL 32128</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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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: Rebecca Lynn
Address: 5435 Frederick Lake Dr
PuA Orange, FL 32128

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rebecca Lynn
Address: 5435 Frederick Lake Dr
PuA Orange, FL 32128

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

Rebecca L. Lynn 4/5/15
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.

Rebecca L. Lynn 4/5/15
Required Signature/Incorporator Date