

P15000045754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

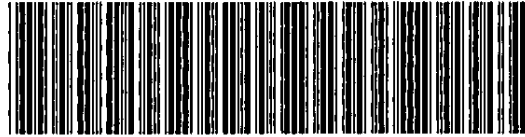
(Business Entity Name)

(Document Number)

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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 Physicians Associates P.A.  
(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: Jason Orlondo  
Name (Printed or typed)

2730 Sandridge Rd.  
Address

Green Cove Springs FL 32043  
City, State & Zip

904-710-9335  
Daytime Telephone number

JO Orlando 1 AT HotMail.Com  
E-mail address: (to be used for future annual report notification)

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

## COVER LETTER

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

SUBJECT: FLORIDA PHYSICIANS ASSOCIATES P.A.  
(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: JASON ORLANDO  
Name (Printed or typed)

2230 SANDRIDGE RD  
Address

GREEN COVE SPRINGS, FL 32043  
City, State & Zip

(904)-710-9335  
Daytime Telephone number

DRORLANDO1@HOTMAIL.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 PHYSICIANS ASSOCIATES P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

223 BLANDING BLVD.  
ORANGE PARK, FL 32073

2230 SANDRIDGE RD  
GREEN COVE SPRINGS, FL 32043

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: FOR ANY AND ALL LAWFUL BUSINESS.  
in The State of Florida relating to Health Care.

**ARTICLE IV SHARES**

The number of shares of stock is: 1500

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15 MAY 21 PM 2:22  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

Name and Title: JASON ORLANDO, President Name and Title: \_\_\_\_\_

Address 2230 SANDRIDGE RD Address: \_\_\_\_\_  
GREEN COVE SPRINGS  
FL. 32043

Name and Title: MARTHA TELLEZ, Secretary Name and Title: \_\_\_\_\_

Address 2230 SANDRIDGE RD Address: \_\_\_\_\_  
GREEN COVE SPRINGS  
FL. 32043

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

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

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

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JASON ORLANDO

Address: 2230 SANDRIDGE RD  
GREEN COVE SPRINGS, FL 32043

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JASON ORLANDO

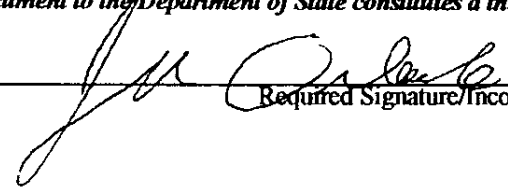
Address: 2230 SANDRIDGE RD  
GREEN COVE SPRINGS, FL 32043

*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

4-21-15  
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

4-21-15  
Date



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
15 APR 27 PM 12:27

TALLAHASSEE, FLORIDA

April 2, 2015

JASON ORLANDO  
2230 SANDRIDGE RD  
GREEN COVE SPRINGS, FL 32043

SUBJECT: FLORIDA PHYSICIANS ASSOCIATES P.A.  
Ref. Number: W15000023023

We have received your document for FLORIDA PHYSICIANS ASSOCIATES P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Christine Haney  
Regulatory Specialist II  
New Filing Section

Letter Number: 515A00006581



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

15 MAY 21 AM 10:23

710 N. GULF BLVD.  
TALLAHASSEE, FLORIDA

April 28, 2015

JASON ORLANDO \*\*2ND MAILING\*\*  
2230 SANDRIDGE RD  
GREEN COVE SPRINGS, FL 32043

SUBJECT: FLORIDA PHYSICIANS ASSOCIATES P.A.  
Ref. Number: W15000023023

We have received your document for FLORIDA PHYSICIANS ASSOCIATES P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

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.

Christine Haney  
Regulatory Specialist II  
New Filing Section

Letter Number: 515A00006581