(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:	7
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AUG 19 2015

R. WHITE

COVER LETTER

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

Traci SUBJECT:	Bragg, MD., P.A.		
30bjec1	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	JDE SUFFIX)
Enclosed are an o	original and one (1) copy of the art	icles of incorporation and	l 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 o Status
		ADDITIONAL CO	
FROM: _	Traci Bragg Name 811 Hickory Trace Dr.	e (Printed or typed)	
_	· ··· · · · · · · · · · · · · · · · · 	Address	· · · · · · · · ·
-	Orange Park, FL 32003		
9	City, 904-343-4649	State & Zip	
•••	Daytime T	'elephone number	
So	cottbyrd11@gmail.com		
_	E-mail address: (to be use	d for future annual report t	otification)

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



July 24, 2015

TRACI BRAGG 1811 HICKORY TRACE DR ORANGE PARK, FL 32003

SUBJECT: TRACI BRAGG MD PA Ref. Number: W15000050112

We have received your document for TRACI BRAGG MD PA and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

New Filing Section.

Letter Number: 015A00015633

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

RTICLE I NAME		L'LED Aug	
he name of the corpora	tion shall be:	15 JUL 20 AN 8: 56	
ARTICLE II PRINCIPAL OFFICE Principal street address		•	
811 HickoryTrace Dr.	Timelpan street address	TALLANASSEE FLORIDA	
range Park, FL 32003			
)CE		
RTICLE III PURPO he purpose for which t	he corporation is organized is:	ical practice telamed consultations.	
<u> </u>			
RTICLE IV SHAR			
he number of shares of	stock is: AL OFFICERS AND/OR DIRECTORS Trani Brang MD Owner		
he number of shares of RTICLE V INITIA Name and Title	stock is: LOFFICERS AND/OR DIRECTORS Traci Bragg MD Owner 1811 Hickory Trace Dr.	Name and Title:	
he number of shares of	stock is: **LOFFICERS AND/OR DIRECTORS** Traci Bragg MD Owner 5:	Name and Title:	
he number of shares of RTICLE V INITIA Name and Title	stock is: AL OFFICERS AND/OR DIRECTORS Traci Bragg MD Owner :: 1811 Hickory Trace Dr.	Name and Title:	
he number of shares of RTICLE V INITIA Name and Title	stock is: AL OFFICERS AND/OR DIRECTORS Traci Bragg MD Owner :: 1811 Hickory Trace Dr.	Name and Title:Address:	
the number of shares of **RTICLE V INITIA** Name and Tith Address	Stock is: AL OFFICERS AND/OR DIRECTORS Traci Bragg MD Owner 1811 Hickory Trace Dr. Orange Park, FL 32003	Name and Title:Address:	
the number of shares of **RTICLE V INITIA** Name and Tith Address	Stock is: AL OFFICERS AND/OR DIRECTORS Traci Bragg MD Owner 1811 Hickory Trace Dr. Orange Park, FL 32003	Name and Title: Address: Name and Title:	
the number of shares of **RTICLE V INITIA** Name and Tith Address	Stock is: AL OFFICERS AND/OR DIRECTORS Traci Bragg MD Owner 1811 Hickory Trace Dr. Orange Park, FL 32003	Name and Title: Address: Name and Title:	
he number of shares of RTICLE V INITIA Name and Title Address Name and Title	Stock is: AL OFFICERS AND/OR DIRECTORS Traci Bragg MD Owner 1811 Hickory Trace Dr. Orange Park, FL 32003	Name and Title: Address: Name and Title:	
the number of shares of **RTICLE V INITIA** Name and Title Address Name and Title	Stock is: AL OFFICERS AND/OR DIRECTORS Traci Bragg MD Owner 1811 Hickory Trace Dr. Orange Park, FL 32003	Name and Title: Address: Name and Title:	
the number of shares of **RTICLE V INITIA** Name and Title Address Name and Title	Stock is: AL OFFICERS AND/OR DIRECTORS Traci Bragg MD Owner 1811 Hickory Trace Dr. Orange Park, FL 32003	Name and Title: Address: Name and Title:	
he number of shares of RTICLE V INITIA Name and Title Address Name and Title Address	Stock is: AL OFFICERS AND/OR DIRECTORS Traci Bragg MD Owner 1811 Hickory Trace Dr. Orange Park, FL 32003	Name and Title: Address: Name and Title: Address:	
he number of shares of RTICLE V INITIA Name and Title Address Name and Title Address	stock is: AL OFFICERS AND/OR DIRECTORS Traci Bragg MD Owner 1811 Hickory Trace Dr. Orange Park, FL 32003	Name and Title: Address: Name and Title: Address: Name and Title:	
he number of shares of RTICLE V INITIA Name and Title Address Name and Title Address	Stock is: AL OFFICERS AND/OR DIRECTORS Traci Bragg MD Owner 1811 Hickory Trace Dr. Orange Park, FL 32003	Name and Title: Address: Name and Title: Address: Name and Title:	

Name a	nd Title:	Name and Title:
Addres	SS	Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	able) of the registered agent is:
Name:	Traci Bragg	, , , , , , , , , , , , , , , , , , ,
Address:	1811 Hickory Trace Dr.	
Address.	Orange Park, FL 32003	
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	address of the Incorporator is:	
Name:	Traci Bragg	
Address:	1811 Hickory Trace Dr.	
	Orange Park, FL 32003	
Effective date, i (If an effective days after the i	filing.)	(OPTIONAL) cannot be more than five business days prior or 90 business
	te inserted in this block does not meet the appl effective date on the Department of State's red	icable statutory filing requirements, this date will not be listed as cords.
this certificate,	I am familiar with and accept the appointmen	process for the above stated corporation at the place designated in t as registered agent and agree to act in this capacity
	nau 2 Bry Required Signature/Registered Age	7-/Z-15
I submit this do		in are true. I am aware that the false information submitted in a
Rea	uried Signature/Incorporator	7-16-15 Date