

P15000073820

(Requestor's Name)

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(City/State/Zip/Phone #)

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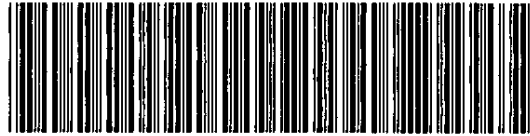
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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09/14/15

COVER LETTER

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

SUBJECT: SIESTA KEY FAMILY PRACTICE, 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: Michael L. Morgan, Esquire

Name (Printed or typed)

2364 Fruitville Road

Address

Sarasota, Florida

City, State & Zip

(941) 953-4555

Daytime Telephone number

mmorgan@mlmorganlaw.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: SIESTA KEY FAMILY PRACTICE, P. A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2414 Bee Ridge Road

Sarasota, FL 34239

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: medical family practice professional association

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Arthur Magrann

Name and Title: _____

Address President

Address: _____

2414 Bee Ridge Road

Sarasota, FL 34239

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: Arthur Magrann
Address: 2414 Bee Ridge Road
Sarasota, FL 34239

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Arthur Magrann
Address: 2414 Bee Ridge Road
Sarasota, FL 34239

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

August 27, 2015

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

August 27, 2015

Date