

P/5000074841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

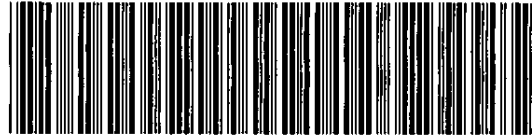
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300275840663

08/10/15--01033--011 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 SEP 14 AM 10:33

W15-054767

09/15/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2015

ERIC H. MELZER
99 WOOD AVENUE SOUTH
4TH FLOOR
ISELIN, NJ 08830

SUBJECT: PRO EVAL, INC.
Ref. Number: W15000054767

We have received your document for PRO EVAL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L13000126469 (PROEVAL, LLC).

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 615A00017178

Greenbaum Rowe
Smith & Davis LLP

COUNSELORS AT LAW

METRO CORPORATE CAMPUS ONE

P.O. BOX 5600

WOODBIDGE, NJ 07095-0988

(732) 549-5600 FAX (732) 549-1881

DELIVERY ADDRESS: 99 WOOD AVENUE SOUTH, ISELIN, NJ 08830-2712

INFO@GREENBAUMLAW.COM
WWW.GREENBAUMLAW.COM

ERIC H. MELZER

PARTNER

(732) 476-2444 - DIRECT DIAL

(732) 476-2445 - DIRECT FAX

EMELZER@GREENBAUMLAW.COM

ROSELAND OFFICE:

75 LIVINGSTON AVENUE

SUITE 301

ROSELAND, NJ 07068-3701

(973) 535-1600

FAX (973) 535-1698

August 31, 2015

VIA CERTIFIED MAIL - RRR

Department of State

New Filing Section

Division of Corporations

P.O. Box 327

Tallahassee, FL 32314


**Re: Expert Medical Evaluation Associates, Inc.- Articles of Incorporation
Document No. for previous filing which was rejected: W15000054767**

Dear Sir/Madam:

Enclosed please find an original and copy of the Articles of Incorporation for Expert Medical Evaluation Associates, Inc. Per your office's instructions, please be advised that a previous filing was forwarded, rejected and issued the above "W" reference number. At that time, our office provided a check in the amount of \$78.75, which has been negotiated and is being held in reserve. Please apply those funds to the enclosed filing.

Kindly file the Articles of Incorporation in your office and return the copy to my attention in the enclosed self-addressed stamped envelope. If you have any questions, please do not hesitate to contact me.

Very truly yours,


Eric H. Melzer

EHM/sez

Enc.

COVER LETTER

RECEIVED SEP 14 2015

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

SUBJECT: Expert Medical Evaluation Associates, 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 ☒ \$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: Eric H. Melzer, Esq. c/o Greenbaum, Rowe, Smith & Davis LLP
Name (Printed or typed)
99 Wood Avenue South, 4th Floor
Address
Iselin, New Jersey 08830
City, State & Zip
732-476-2444
Daytime Telephone number
emelzer@greenbaumlaw.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: Expert Medical Evaluation Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
Sea Ranch of Boca, Apt. 1108B

Mailing address, if different is:

4001 North Ocean Blvd.

Boca Raton, Florida 33431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any Lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is: 200

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 SEP 14 AM 10:33

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Dennis

Name and Title: _____

Address Sea Ranch of Boca, Apt. 1108B

Address: _____

4001 North Ocean Blvd.

Boca Raton, Florida 33431

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Robert Dennis

Address: Sea Ranch of Boca, Apt. 1108B
4001 N. Ocean Blvd., Boca Raton, FL 33431

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Eric H. Melzer, Esq., c/o Greenbaum, Rowe, Smith & Davis, LLP

Address: 99 Wood Avenue South, 4th Floor
Iselin, NJ 08830

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 SEP 14 AM 10:33


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

X 
Required Signature/Registered Agent

July 20, 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

July 28, 2015
Date