

P15000090771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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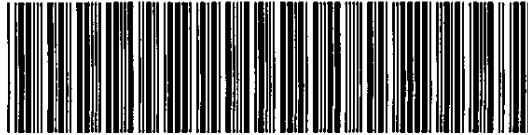
(Business Entity Name)

(Document Number)

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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: Essential Health of Weston P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15830 State Road 84
Sunrise, Florida 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide Health care services

ARTICLE IV SHARES

The number of shares of stock is: 5,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Leslie Fergang Name and Title: _____

Address 801 Crestview Circle Address: _____
Weston, FL 33327

Name and Title: Dr. Brian Fergang Name and Title: _____

Address 801 Crestview Circle Address: _____
Weston, FL 33327

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: Brian Ferguson

Address: Brian Ferguson

801 Crestview Circle
Weston, FL. 33327

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Brian Ferguson

Address: Brian Ferguson

801 Crestview Circle
Weston, FL. 33327

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Nov. 1, 2015 (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

Brian Ferguson
Required Signature/Registered Agent

10/28/15
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.

Brian Ferguson
Required Signature/Incorporator

10/28/15
Date

COVER LETTER

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

SUBJECT: Essential Health of Weston 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: Leslie Fergang
Name (Printed or typed)

15830 State Road 84
Address

Sunrise, Fl. 33326
City, State & Zip

(954) 389-5507
Daytime Telephone number

leslie@drfergang.com
E-mail address: (to be used for future annual report notification)

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