

PI6000050373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

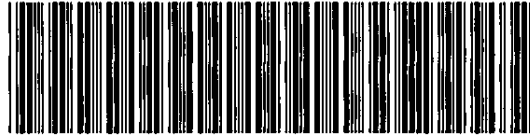
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700286561667

06/06/16--01048--018 \*\*70.00

FILED  
JUN 6 2016  
16 JUN -6 PM 2:04  
RECEIVED  
DIVISION OF REVENUE

## COVER LETTER

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

**SUBJECT:** VEGAS BROWN MD PROFESSIONAL ASSOCIATION

(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: RICHARD C. ROLLINS ESQ  
\_\_\_\_\_  
Name (Printed or typed)  
  
30300 NORTHWESTERN HWY #313  
\_\_\_\_\_  
Address  
  
FARMINGTON HILLS MI 48334  
\_\_\_\_\_  
City, State & Zip  
  
248-408-5008  
\_\_\_\_\_  
Daytime Telephone number  
  
ROLLINSTAX@MSN.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: VEGAS BROWN MD PROFESSIONAL ASSOCIATION

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4010 W OPISPO ST

TAMPA FL 33629

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PRACTICE OF MEDICINE

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: VEGAS BROWN MD

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

Address 4010 W OPISPO ST

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

TAMPA FL 33629

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

16 JUN - 6 PM 2:06  
RECEIVED  
JUN 16 2006  
CLERK OF COURT  
HALL OF RECORDS  
TAMPA, FL 33602

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: VEGAS BROWN MD  
Address: 4010 W OPISPO ST  
TAMPA FLORIDA 33629

**ARTICLE VII INCORPORATOR**

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

Name: VEGAS BROWN MD  
Address: 4010 W OPISPO ST  
TAMPA FL 33629

16 JUN -6 PM 2:04  
RECEIVED  
DEPARTMENT OF STATE  
TAMPA, FLORIDA

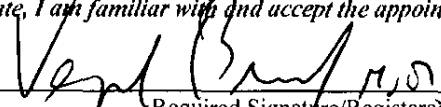
**ARTICLE VIII EFFECTIVE DATE:**

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.)

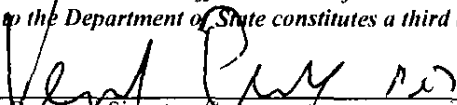
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

5/31/16  
\_\_\_\_\_  
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

5/31/16  
\_\_\_\_\_  
Date