

P160000 66161

(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



800287506958

07/20/16--01025--006 **78.75

2016 JUL 20 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2016

GALE BELANGER MSN, PHNP-BC, ARNP
4609 SW LONG BAY DRIVE
PALM CITY, FL 34990

SUBJECT: GALE BELANGER ARNP
Ref. Number: W16000052464

We have received your document for GALE BELANGER ARNP 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 must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return 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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 316A00015852

RECEIVED

16 AUG -8 PM 3:15

TALLAHASSEE, FLORIDA

2016 JUL 20 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

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

SUBJECT: Gale Belanger ARNP

(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: Gale Belanger MSN, PMHNP-BC, ARNP

Name (Printed or typed)

4609 SW Long Bay Drive

Address

Palm City, Florida 34990

City, State & Zip

772-214-0613

Daytime Telephone number

galebelanger@comcast.net

E-mail address: (to be used for future annual report notification)

2016 JUL 20 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Gale Belanger ARNP, Inc. (Incorporated)

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1711 NW. Federal Highway, Stuart, FL, 34994

4609 SW. Long Bay Dr., Palm city FL 34990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any and all legal matter pertaining to my PMHNP practice.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gale Belanger MSN<PMHNP-BC, ARNP

Name and Title: _____

Address 4609 SW Long Bay Drive

Address: _____

Palm City, Florida 36990

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2016 JUL 20 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Gale Belanger MSN, PMHNP-BC, ARNP

Address: 4609 SW Long Bay Drive

Palm City, Florida 36990

ARTICLE VII INCORPORATOR

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

Name: Gale Belanger MSN, PMHNP-BC, ARNP

Address: 4609 SW Long Bay Drive

Palm City, Florida 36990

2016 JUL 20 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/18/16 (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

Gale Belanger MSN, ARNP
Required Signature/Registered Agent

07/14/16
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.

Gale Belanger MSN, ARNP
Required Signature/Incorporator

07/14/16
Date