

P16000066661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

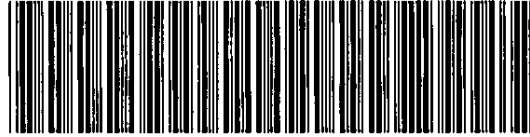
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000288469540

08/04/16--01006--007 **78.75

16 AUG -4 PM 2:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

8/12/16

COVER LETTER

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

SUBJECT: Dr. Joshua M Bernard Podiatry PA

(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: Dr. Joshua M Bernard

Name (Printed or typed)

1001 South Morrison Ct

Address

Tampa, FL 33629

City, State & Zip

813-230-9250

Daytime Telephone number

nailit1959@tampabay.rr.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: Dr. Joshua M Bernard Podiatry PA

16 AUG -4 PM 2:39

ARTICLE II PRINCIPAL OFFICE

Principal street address
1001 South Morrison Ct

Tampa, FL 33629

Mailing address, if different from Principal address, is TALAMON, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide expert medical advice, testimony and assistance on medicines and treatment for podiatry related medical cases.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Joshua M Bernard; President

Address 1001 South Morrison Ct

Tampa, FL 33629

Name and Title: _____

Address: _____

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: Dr. Joshua M Bernard

Address: 1001 South Morrison Ct

Tampa, FL 33629

16 AUG -4 PM 2:39
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Joshua M Bernard

Address: 1001 South Morrison Ct

Tampa, FL 33629

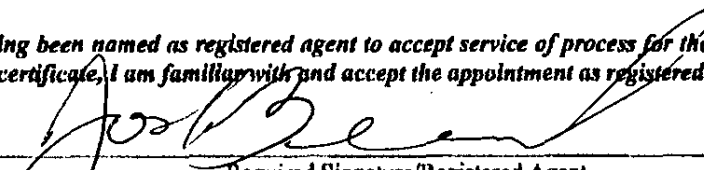
ARTICLE VIII EFFECTIVE DATE:

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.)

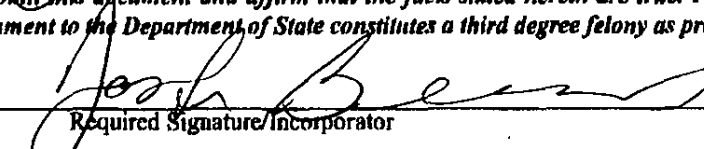
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

07/25/2016
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.

X 
Required Signature/Incorporator

07/25/2016
Date