

P16000068634

(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



800288715828

08/16/16--01018--010 **320.00

RECEIVED
16 AUG 16 AM 11:42
FILED
16 AUG 19 PM 3:54

8/19/14

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive
Tallahassee, Florida 32312

(850) 656-4724

SUNSHINECORPORATE2014@GMAIL.COM

Date: 8-15-16

ENTITY NAME:

NICOLE M HOWE M.D. P.A.

****PLEASE FILE THE ATTACHED AND RETURN:****

____ Plain Copy
____ Certified Copy

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

Document Number: _____

____ Certified Copy of Arts & Amendments
____ Certificate of Good Standing

****APOSTILLE/NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL AMOUNT OWED: 70-

CHECK NUMBER: 2779

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

16 45 10 15 05

COVER LETTER

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

SUBJECT: Nicole M. Howe, M.D., 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: Rebecca Saferstein, Paralegal, Arnall Golden Gregory LLP

Name (Printed or typed)

171 17th Street, NW, Suite 2100

Address

Atlanta, Georgia 30363

City, State & Zip

404-870-5604

Daytime Telephone number

sotel@aol.com

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

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

FILED
16 AUG 19 11 3 55



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2016

SUNSHINE CORPORATE FILING OF FLORIDA INC.

SUBJECT: NICOLE M. HOWE, M.D., P.A.
Ref. Number: W16000056998

*Corrected -
Please
refile*

We have received your document for NICOLE M. HOWE, M.D., P.A. and your check(s) totaling \$320.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please remove "ANY AND ALL LAWFUL BUSINESS", from the purpose.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 616A00017368

RECEIVED
DIVISION OF CORPORATIONS
16 AUG 19 AM 11:31
NOT IN THE PUBLIC
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

16 AUG 19 PM 3:05
FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be: Nicole M. Howe, M.D., P.A.

16 AUG 12 11 3 55

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

18570 Council Crest Dr., Odessa, FL 33556

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional medical services:

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nicole M. Howe, Pres, Sec, & Director

Name and Title: _____

Address 18570 Council Crest Dr.

Address: _____

Odessa, FL 33556

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: Nicole M. Howe, M.D.

Address: 18570 Council Crest Dr., Odessa, FL 33556

ARTICLE VII INCORPORATOR

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

Name: R. Michael Barry

Address: 171 17th Street, NW, Suite 2100

Atlanta, GA 30363

FILED
16 AUG 19 PM 3:55

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

8/15/16
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

8/15/16
Date