

PI 6000072892

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(Address)

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2016

COVER LETTER

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

SUBJECT: Lakeside Endocrine Associates

(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: Luke Givens

Name (Printed or typed)

28 Pillar Lande

Address

Palm Coast, Florida. 32164

City, State & Zip

407-325-3397

Daytime Telephone number

lgzonian@yahoo.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: Lakeside Endocrine Associates PA

ARTICLE II PRINCIPAL OFFICE

Principal street address
1667 North Clyde Morris Blvd. #2

Daytona Beach, Florida. 32117

Mailing address, if different is:

28 Pillar Lane

Palm Coast, Florida. 32164

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Proffesional Corporation/Medical Practice

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luke Givens: Owner

Address 28 Pillar Lane

Palm Coast, Florida. 32164

Vice President

Name and Title: Neime Sanchez-Givens: Owner

Address: 28 Pillar Lane

Palm Coast, Florida. 32164

President

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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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: Luke Givens _____

Address: 28 Pillar Lane _____

Palm Coastr, Florida. 32164 _____

ARTICLE VII INCORPORATOR

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

Name: Luke Givens _____

Address: 28 Pillar Lane _____

Palm Coast, Florida. 32164 _____


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 1, 2016 _____ (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

8-27-2016
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.



Required Signature/Incorporator

8-27-2016
Date