

P 160000 81796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

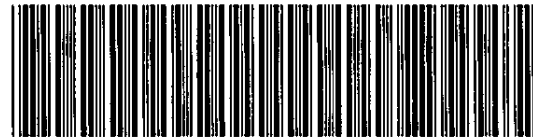
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/06/16--01017--017 **78.75

N. SAMS

07 2016

COVER LETTER

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

SUBJECT: TERESA A FOCARACCI ARNP 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: TERESA A FOCARACCI

Name (Printed or typed)

2141 NE 29th ST

Address

LIGHTHOUSE POINT FL 33064

City, State & Zip

305-775-2132

Daytime Telephone number

tarf512@aol.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: TERESA A FOCARACCI ARNP PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2141 NE 29th ST, LIGHTHOUSE POINT FL 33064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE MEDICAL CARE AND MEDICAL SERVICES
AS AN ADVANCED REGISTERED NURSE PRACTITIONER.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TERESA A FOCARACCI, PRES

Name and Title: _____

Address 2141 NE 29th ST

Address: _____

LIGHTHOUSE POINT FL 33064

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2016 OCT -6 PM 12:31
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: FRANCES A MCCARTHY
Address: 919 ALHAMBRA WAY S
ST PETERSBURG FL 33705

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TERESA A FOCARACCI
Address: 2141 NE 29th ST
LIGHTHOUSE POINT FL 33064

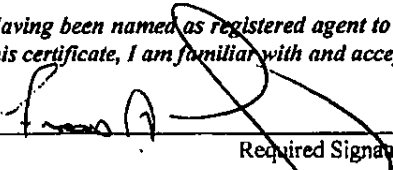
2016 OCT -6 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE: 09/29/16
Effective date, if other than the date of filing: _____ (OPTIONAL)

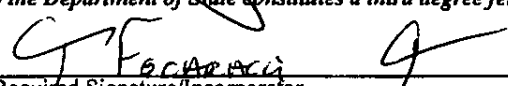
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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
9/28/16
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
TERESA A. FOCARACCI
9/28/16
Date