

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H160003161923)))



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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.
Account Number : 120150000107
Phone : (941) 625-1925
Fax Number : (941) 625-1526

17 JAN -11 PM 10:25
SEAL OF STATE
TALLAHASSEE FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Lindsay@taxsaversfi.net

FLORIDA PROFIT/NON PROFIT CORPORATION
Lyndsey Sutherland DNP, PA

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

W17-341

Electronic Filing Menu

Corporate Filing Menu

Help

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: Lyndsey Sutherland DNP, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4442 Curry Ford Rd

PO Box 560425

Orlando, FL 32812

Orlando, FL 32856-0425

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Nurse Practitioner

17 JAN -4 PM 11:25
STATE OF FLORIDA
TALLAHASSEE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lyndsey Sutherland President

Name and Title: _____

Address PO Box 560425

Address: _____

Orlando, FL 32856-0425

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: Lyndsey Sutherland
Address: 1300 Enterprise Dr Ste D
Port Charlotte, FL 33953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lyndsey Sutherland
Address: PO Box 560425
Orlando, FL 32856-0425

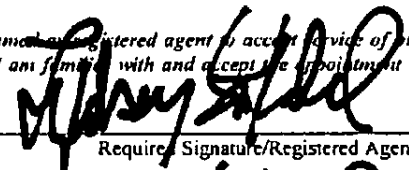
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/29/16 (OPTIONAL)

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

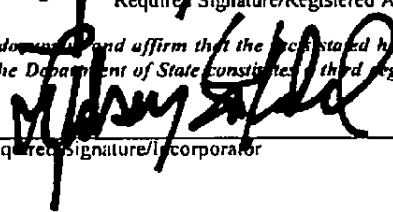
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 12/27/16
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 12/27/16
Date

17 JAN -4 AM 10:25
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA