

P17000047331

(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



700299461787

05/26/17--01025--005 **70.00

FILED
17 MAY 26 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W17-045657

05/31/17

Elite Pain Specialists, P.A.

Anthony Isenalumhe
11151 Spring Hill Dr
Spring Hill, FL 34609

Division of Corporations
Amendment Section
PO BOX 6327
Tallahassee, FL 32314

Ref. Number: P15000075733
Elite Pain Specialists, P.A.

To Whom It May Concern,

Please let this letter serve as proof that we have no intention of revoking the dissolution of the corporation, Elite Pain Specialists, P.A., therefore releasing the name for use to another entity. If you require any further information in order to process this request, please contact my accountant, Gary Chadee at 115 N Pinewood Ave, Brandon, FL. He can be reached at (813) 684-1367.

Sincerely,



Anthony Isenalumhe

President
Elite Pain Specialists, P.A.

RECEIVED
17 MAY 26 PM 2:44
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
17 MAY 26 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Elite Pain Specialists, 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: Anthony Isenalumhe

Name (Printed or typed)

1151 Spring Hill Dr

Address

Spring Hill, FL 34609

City, State & Zip

352-515-0025

Daytime Telephone number

aisenalumhe@gmail.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

Elite Pain Specialists, P.A.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: _____

11151 Spring Hill Dr

Spring Hill, FL 34609

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any and all lawful purpose. MEDICAL DOCTORS

FILED
17 MAY 26 AM 9:21
CLERK OF CIRCUIT COURT
PALM BEACH COUNTY, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anthony Isenalumhe, JR, President

Name and Title: Leidy Isenalumhe, Secretary

Address 11151 Spring Hill Dr
Spring Hill, Fl 34609

Address: 11151 Spring Hill Dr
Spring Hill, Fl 34609

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: Anthony Isenalumhe, JR
Address: 11151 Spring Hill Dr
Spring Hill, Fl 34609

FILED
17 MAY 26 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Anthony Isenalumhe, JR
Address: 11151 Spring Hill Dr
Spring Hill, Fl 34609

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 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
05/07/2017
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
05/07/2017
Date