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D O'KEEFE  
JUL 11 2017

## COVER LETTER

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

SUBJECT: MICHAEL LALIBERTE, D.P.M., 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 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: MICHAEL LALIBERTE D.P.M.  
Name (Printed or typed)  
1554 BORNEN DR, # 400  
Address  
OCOE FL 34761  
City, State & Zip  
407 523 9993  
Daytime Telephone number  
MLALIBERTE@CFL.RR.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: MICHAEL LALIBERTE, XPM, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1554 BOREN DR, #400  
OCFEE  
FL 34761

Mailing address, if different is:  
POB 757  
GOTHA  
FL 34734

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PROVIDE PODIATRIC  
MEDICINE AND SURGERY

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MICHAEL LALIBERTE, PRESIDENT Name and Title: \_\_\_\_\_

Address 1554 BOREN DR Address: \_\_\_\_\_

#400

OCFEE FL 34734

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ 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: MICHAEL LALIBERTE DPM  
Address: 1554 BOREN DR #400  
OCFEE FL 34761

**ARTICLE VII INCORPORATOR**

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

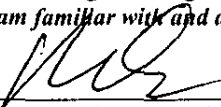
Name: MICHAEL LALIBERTE DPM  
Address: POB 757  
GOVNA FL 34734

**ARTICLE VIII EFFECTIVE DATE:**

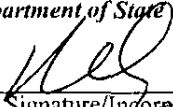
Effective date, if other than the date of filing: JULY 1, 2017 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 6/29/2017  
Required Signature/Registered Agent 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.*

 6/29/2017  
Required Signature/Incorporator Date