

P 17000068345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

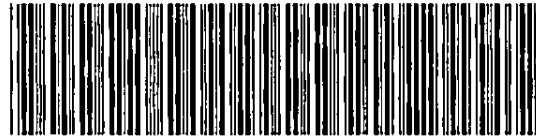
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Palm Life

(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: ESAU LAURENCIN

Name (Printed or typed)

12494 124294 ACOSTA OAKS DRIVE

Address

Jacksonville FL 32258

City/State & Zip

407-637-7203

Daytime Telephone number

ESAU@HOTMAIL.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:

Palm Life Medical Associates, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12494
124294 Acosta Oaks Drive
Jacksonville, FL 32258

12494
124294 Acosta Oaks Drive
Jacksonville, FL 32258

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

ESAV LAURENCIN

Name and Title:

Address

12494
124294 Acosta Oaks Dr
Jacksonville, FL 32258

Address:

PRESIDENT

Name and Title:

ESAV LAURENCIN

Name and Title:

Address

12494
124294 Acosta Oaks Dr
Jacksonville, FL 32258

Address:

SECRETARY

Name and Title:

Name and Title:

Address

Address:

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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: ESAU LAURENCIA, MD
Address: 12494 124294 ACOSTA OAKS DR
JACKSONVILLE, FL 32258

ARTICLE VII INCORPORATOR

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

Name: ESAU LAURENCIA, MD
Address: 12494 124294 ACOSTA OAKS DR
JACKSONVILLE, FL 32258

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TALLAHASSEE, FLORIDA


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/01/2017 (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.)

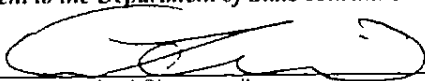
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

08/03/17
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

08/03/17
Date