

P170000 89378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

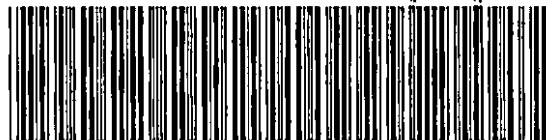
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NOV 07 2017



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10/20/17--01012--010 \*\*78.75

FILED  
17 NOV -6 PM 3:00  
TAMPA, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED  
17 NOV -6 PM 3:00

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

October 23, 2017

DAWN SHOREY-CHANG  
12617 BIRCHBARK COURT  
ORLANDO, FL 32828

SUBJECT: DION LACE PRIMARY CARE INC  
Ref. Number: W17000084492

We have received your document for DION LACE PRIMARY CARE INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 517A00021335

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

17 NOV -6 PM 3:50

DION LACE PRIMARY CARE LLC

12617 Birchbark Ct

Orlando, FL 32828

Phone 407-416-5787

dawn.shoreyshim@yahoo.com

November 2, 2017

Registration Section  
Division of Corporation  
PO Box 6327  
Tallahassee, FL 32314

Re: DION LACE PRIMARY CARE LLC  
Document Number #L15000124247

Please allow this letter to serve as an official notice that I, Dawn Shorey Chang, previously known as Dawn Shorey, the Active Managing Member of Dion Lace Primary Care LLC wish to release the name, Dion Lace Primary Care LLC back to the State of Florida.

Sincerely,

Dawn Shorey Chang  
MGR

  
Dawn Shorey Chang, AMBR

11/2/17  
Date

17 NOV -6 PM 3:00  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** DION LACE PRIMARY CARE INC

(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:** DAWN SHOREY-CHANG

Name (Printed or typed)

12617 BIRCHBARK COURT

Address

ORLANDO, FL 32828

City, State & Zip

407-416-5787

Daytime Telephone number

NATACHA@TAXPILOTCONSULTING.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)

FILED

17 NOV -6 PM 3:00

**ARTICLE I NAME**  
The name of the corporation shall be: DION LACE PRIMARY CARE INC

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

TALLAHASSEE, FLORIDA  
Mailing address, if different is:

12617 BIRCHBARK COURT

ORLANDO, FL 32828

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**  
The number of shares of stock is: 100,000

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

Name and Title: DAWN SHOREY-CHANG PRESIDENT

Address: 12617 BIRCHBARK COURT  
ORLANDO, FL 32828

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

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

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

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

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

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

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

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

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

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

17 NOV -6 PM 3:00

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

TAX PILOT CONSULTING, INC.

2020 NE 163RD STREET, SUITE 202F

NMB, FL 33162

The name and address of the Incorporator is:

DAWN SHOREY-CHANG

12617 BIRCHBARK COURT

ORLANDO, FL 32828

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

**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.

Natasha Desamou - Natasha Desamou  
Required Signature/Registered Agent

11/2/17

Date \_\_\_\_\_

Don Shoy Chang  
Required Signature/Incorporator

11/2/17

Date \_\_\_\_\_