

P18000001887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

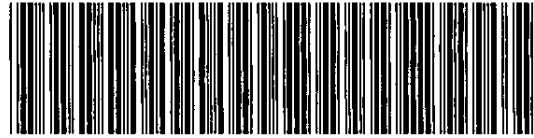
Special Instructions to Filing Officer:

Office Use Only

7/2/2017

MAR 13 2017

T. SCOTT



700295287117

03/09/17--01014--019 \*\*78.75

17 MAR 28 PM 4:45  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
AND  
FILED

March 24, 2017

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Attn: Regulatory Specialist, Tyrone Scott

I received your Letter Number: 417A00004680 and called your offices to clarify what I need in order to bring my Corporation back to active status. Unfortunately the CPA that I used to transfer my Corp to Florida in 2015, did not forward the letter to me explaining my new Florida Corp and the responsibilities of reporting my Business Corporation each year, and the Corp dissolved as a result.

When I spoke to your office this morning, speaking to Kyle, he clarified your Letter Number above and the information I am required to provide, as follows:

I have no intentions of reinstating Corporation P15000074830 and request Release of Corporation Name to be used in the new filing. The "principal is the same in both entities." I am enclosing this letter along with my original Articles filed September 8, 2015, a copy of your Letter Number 417A00004680, and the corrected Articles of Incorporation.

I very much appreciate your assistance. I started FOX Medical Company in 1991 and was incorporated in the State of Connecticut since 1991. I retired and moved to Florida in 2015, bringing my Company with me. I apologize as this was not handled correctly by the CPA. I never received the Letter that should have been sent to me with the Articles of Incorporation in 2015.

Please let me know if you require any additional information.

Sincerely,



Patricia R. Aronica

Encs

2017  
17 MAR 28 PM 2:26  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
INFORMATION SERVICES

## COVER LETTER

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

FOX MEDICAL COMPANY, INC.

**SUBJECT:** \_\_\_\_\_  
(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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: PATRICIA R. ARONICA  
\_\_\_\_\_  
Name (Printed or typed)

6008 VAN NESS DRIVE  
\_\_\_\_\_  
Address

MELBOURNE, FL 32940  
\_\_\_\_\_  
City, State & Zip

860-993-6959  
\_\_\_\_\_  
Daytime Telephone number

praronica@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**

FOX MEDICAL COMPANY, INC

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6008 VAN NESS DRIVE

MELBOURNE, FL 32940

**ARTICLE III PURPOSE**

I sell a "Cervical Neck Brace Collar" to Distributors who provide

The purpose for which the corporation is organized is: \_\_\_\_\_  
them to physicians as a neck brace used for their patients in their practice.

17 MAR 28 PM 4:46  
RECEIVED  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
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**ARTICLE IV SHARES**

100

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Patricia R. Aronica, Owner *[Signature]*

Name and Title: President

Address: 6008 Van Ness Dr.  
Melbourne, FL 32940

Address: 6008 Van Ness Dr.  
Melbourne, FL 32940

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: Patricia R. Aronica  
Address: 6008 Van Ness Dr.  
Melbourne, FL 32940

**ARTICLE VII INCORPORATOR**

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

Name: Patricia R. Aronica  
Address: 6008 Van Ness Dr.  
Melbourne, FL 32940

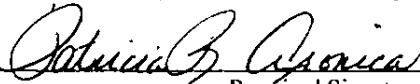
**ARTICLE VIII EFFECTIVE DATE:** March 1, 2017

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

March 1, 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

March 1, 2017  
Date