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| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
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COVER LETTER

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

| SUBJECT: Dou | glas R. Bald, P.A. | | | |
|-------------------|--|--------------|-------------------|-------------------|
| 30b)rc1 | (PROPOSED CORPORA | ΓΕ NAME - | MUST INCLUD | E SUFFIX) |
| | | | | |
| Enclosed are an o | original and one (1) copy of the arti | cles of inco | rporation and a | check for: |
| \$70.0 Filing Fe | 0 ■ \$78.75 e Filing Fee & Certificate of Status | | | & Certificate of |
| | | ADDI | TIONAL COP | Status Y REQUIRED |
| | | | | |
| FROM: | Douglas R. Bald | | | |
| | Name | (Printed or | typed) | |
| | 7604 Alister Mackenzie Dr. | | | |
| • | P | Address | | |
| | Sarasota, Florida 34240 | | | |
| • | City, | State & Zip | | |
| | (941)377-4111 | | | |
| • | Daytime T | elephone ni | mber | |
| | matthew24bald@gmail.com | | | |
| - | E-mail address: (to be used | for future | annual report not | tification) |
| | | | | |

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 | Douglas R. Bald, P.A. | | |
|--|--------------------------------------|-----------------|------------------------|
| The name of the corpora | Douglas R. Bald, P.A. | | |
| ARTICLE II PRINCIPAL OFFICE Principal street address | | Mailing add | ress, if different is: |
| 7604 Alister Mackenz | e Dr. Sarasota, Florida 34240 | | |
| ARTICLE III PURP The purpose for which | OSE the corporation is organized is: | Services | |
| | | | |
| | | | |
| | | | AN 25 F |
| | | | |
| ARTICLE IV SHAR The number of shares o | EES 100 f stock is: | | £0818A |
| | AL OFFICERS AND/OR DIRECTOR | <u>85</u> | |
| Name and Tit | Douglas R. Bald, President | Name and Title: | <u> </u> |
| Address | 7604 Alister Mackenzie. Dr. | Address: | |
| | Sarasota, Florida 34240 | | |
| | ··· | | |
| Name and Title | 2 | Name and Title: | |
| Address | | Address: | |
| | | | |
| | | | |
| Name and Title | s; | Name and Title: | |
| Address | | Address: | |
| | | | |
| | | | |

| Name and Title: Address: Address: Address: Address: Address: Address: Douglas R. Bald Address: Sarasota, Florida 24240 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Douglas R. Bald ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Address: Douglas R. Bald ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Address: To Douglas R. Bald ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of fling: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be report 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 comporation at the place designated in this certificate, 1 um familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am uware that the false information submitted in a document to the Department of State constitutes at third degree felony as provided for in \$8.817.153, F.S. Required Signature/Incorporator Date | | | |
|--|--------------------|---|--|
| Address: Address: Address: Address: Address: Address: Douglas R. Bald Address: Fold Alister Mackenzie Dr. Sarasota, Florida 24240 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Douglas R. Bald Address: Touglas R. Bald Address: ARTICLE VIII INCORPORATOR Touglas R. Bald Address: Address: Address: Touglas R. Bald Address: Tight part of the date incorporator is: OPTIONAL) (If an effective date, if other than the date of filing: (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. Itaking 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 Touglas R. Bald Touglas R. Bald Touglas R. Bald Touglas R. Bald ARTICLE VIII INCORPORATOR ARTICLE VIII INCORPORATOR Touglas R. Bald Touglas R. Ba | • | | |
| Address: Address: Address: Address: Address: Address: Douglas R. Bald Address: Address: Address: Douglas R. Bald Address: Address: Address: Oouglas R. Bald Address: Address: Oouglas R. Bald Address: Address: Address: Address: Oouglas R. Bald Address: Too A lister Mackenzie Dr. Sarasota, Florida 34240 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 Park Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. Lam 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. | • | | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Douglas R. Bald ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Douglas R. Bald Address: Total Alister Mackenzie Dr. Sarasota, Florida 34240 ARTICLE VIII INCORPORATOR Total Alister Mackenzie Dr. Sarasota, Florida 34240 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 Douglas R. Bald I submit this document and affirm that the facts stated herein are true. Lam aware that the false information submitted in a document to the Department of State constitutes a third degree felong as provided for in x.817.155, F.S. | | | |
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| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Douglas R. Bald | Addre | SS | Address: |
| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Douglas R. Bald | | - | |
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| The name and address of the Incorporator is: Name: Douglas R. Bald | .1001052 | Sarasota, Florida 24240 | |
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| Sarasota, Florida 34240 ARTICLE VIIIEFFECTIVE DATE: Effective date, if other than the date of filing: | <u>ARTICLE VII</u> | <u>INCORPORATOR</u> | 25 |
| Sarasota, Florida 34240 ARTICLE VIIIEFFECTIVE DATE: Effective date, if other than the date of filing: | The name and | | |
| Sarasota, Florida 34240 ARTICLE VIIIEFFECTIVE DATE: Effective date, if other than the date of filing: | Name: | | <u> </u> |
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| document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | 1/00 | Required Signature/Registered / | Agent Date |
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| Required Signature/Incorporator Date | | | |
| | Req | uired Signature/Incorporator | |
| | | | |