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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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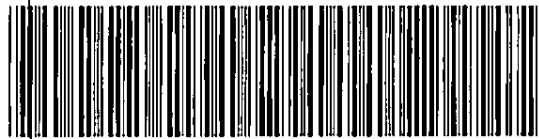
(Business Entity Name)

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FEB 01 2018

T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SK FAMILY PRACTICE, P.A.

Signature _____

Requested by: Seth

01/31/18

Name

Date

Time

Walk-In _____

Will Pick Up _____

☒ Art of Inc. File _____
☐ LTD Partnership File _____
☐ Foreign Corp. File _____
☐ U.C. File _____
☐ Fictitious Name File _____
☐ Trade/Service Mark _____
☐ Merger File _____
☐ Art. of Amend. File _____
☐ RA Resignation _____
☐ Dissolution / Withdrawal _____
☐ Annual Report / Reinstatement _____
☒ Cert. Copy _____
☐ Photo Copy _____
☐ Certificate of Good Standing _____
☐ Certificate of Status _____
☐ Certificate of Fictitious Name _____
☐ Corp Record Search _____
☐ Officer Search _____
☐ Fictitious Search _____
☐ Fictitious Owner Search _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
☐ UCC 11 Retrieval _____
☐ Courier _____

ARTICLES OF INCORPORATION OF SK FAMILY PRACTICE, P. A.

The undersigned incorporator, for the purpose of forming a Professional Association under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME & PURPOSE

The name of the Professional Association is **SK FAMILY PRACTICE, P. A.** The specific nature of business of this Professional Association is to provide medical and health care services.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the Professional Association is **284 Bee Ridge Road, Sarasota, Florida 34239**

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this Professional Association is authorized to have outstanding at any one time is **one hundred (100)** shares having par value of **one dollar (\$1.00)** per share.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Arthur Magrann, 2414 Bee Ridge Road, Sarasota, Florida 34239**

ARTICLE V: INITIAL OFFICERS AND DIRECTORS

The name and address of the initial Officer and Director of the Professional Association is:
Arthur Magrann, President, Director, 2414 Bee Ridge Road, Sarasota, Florida 34239

ARTICLE VI: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is
Arthur Magrann, 2414 Bee Ridge Road, Sarasota, Florida 34239

The undersigned has executed these Articles of Incorporation this 31st day of January 2018. for filing purposes only.

/S/ Arthur Magrann

"Arthur Magrann **Incorporator**"

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the state of Florida.

1. The name of the corporation is: SK FAMILY PRACTICE, P. A.
2. The name and address of the registered agent and office is:

Arthur Magrann
2414 Bee Ridge Road
Sarasota, FL 34239

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



Arthur Magrann

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