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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE
MAR 12 2018

COVER LETTER

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

SUBJECT: Francis E. Tenewitz M.D. P.A.
(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: Francis E. Tenewitz
Name (Printed or typed)

446 Mango Ln.
Address

Freeport FL 32439
City, State & Zip

1-850-333-3683
Daytime Telephone number

etenewitz@aol.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: Francis E. Tenewitz M.D. P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

446 Mango Ln.
Freeport Fl. 32439

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical practice

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Francis E. Tenewitz Name and Title: President

Address 446 Mango Ln
Freeport Fl.
32439

Address:

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: Francis E. Tenewitz
Address: 446 Mango Ln
Freeport Fl. 32439

ARTICLE VII INCORPORATOR

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

Name: Francis E. Tenewitz
Address: 446 Mango Ln
Freeport Fl 32439

ARTICLE VIII EFFECTIVE DATE:

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

Francis E. Tenewitz
Required Signature/Registered Agent

2-1-2018
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.

Francis E. Tenewitz
Required Signature/Incorporator

2-1-2018
Date

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TALLAHASSEE, FLORIDA