

P18000059787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

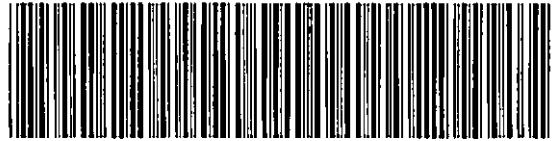
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/20/18--01009--012 **113.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. PAGE

JUL 11 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 21, 2018

ANGIE GASIOR
3797 LONG LEAF DR
MELBOURNE, FL 32940

SUBJECT: DRAGEN II
Ref. Number: W18000057858

We have received your document for DRAGEN II and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

I HAVE INCLUDED THE PAGES I NEED YOU TO FILL OUT AND SUBMITT THAT YOUR ORIGINAL DOCUMENT IS MISSING.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Keyna E Page
Regulatory Specialist II

Letter Number: 518A00012946

RECEIVED
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CORPORATIONS
COMMERCIAL
REGISTRATION SERVICES
10

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: DRAGEN II, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

2240 S RIVER RD.

MELBOURNE BEACH, FL 32951

Mailing address, if different is:

2240 S RIVER RD.

MELBOURNE BEACH, FL 32951

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL PRACTICE OF LICENSED DOCTOR OF UROLOGY.

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TALLAHASSEE, FLORIDA

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ARTICLE IV SHARES

The number of shares of stock is: ***500** FIVE HUNDRED SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANDY ZABINSKI, PRESIDENT

Address: 2240 S RIVER RD

MELBOURNE BEACH, FL 32951

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: ANGIE GASIOR
Address: 3797 LONG LEAF DR.
MELBOURNE, FL 32940

ARTICLE VII INCORPORATOR

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

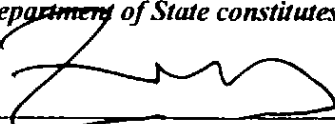
Name: ANDY ZABINSKI
Address: 2340 S RIVER RD.
MELBOURNE BEACH, FL 32951

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

6/12/18
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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

6/12/18
Date

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