P18000072435

8/23/2018 Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
SUNDEK of West Florida, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

2018 AUG 23 PM 2:16

FILED
2018 AUG 23 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu Corporate Filing Menu Help

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: SUNDEK of West Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
Sundek of West Florida	Sundek of West Florida
1503 S. US Hwy 301, Suite 98	805 Avenue H East, Suite 508
Tampa, FL 33619	Arlington, TX 76011

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: any and all lawful business.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Charles Plunk, President	Name and Title:	Mark Stambaugh, Vice President
Address	Sundek of West Florida	Address:	Sundek of West Florida
	805 Avenue H East, Suite 508		805 Avenue H East, Suite 508
	Arlington, TX 76011		Arlington, TX 76011
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

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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: C T Corporation System

Address: 1200 South Pine Island Road

Plantation, FL 33324

ARTICLE VII INCORPORATOR

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

Name: Marshall R. Seavers, VP

Address: 805 Avenue H East, Suite 508

Arlington, TX 76011

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

By: C T Corporation System _____ 8/23/2018

Required Signature/Registered Agent 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.

_____ 08/23/2018

Required Signature/Incorporator Date

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