P19000087351

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(8u	siness Entity Name	e)
(Do	cument Number)	
(50	oument nombor,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		

Office Use Only

W1900093121

MW 26 MB T. SCOTT



300335088103

10/07/19--01044--005 **137.50

GERRARIA HI SINGE



October 21, 2019

NATHAN DVOR 2373 NW 49TH LN BOCA RATON, FL 33431

SUBJECT: NATHAN DVOR, M.D., P.C.

Ref. Number: W19000093121

We have received your document for NATHAN DVOR, M.D., P.C. and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 119A00021657

COVER LETTER

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

SUBJECT:	Nathan Dvor, M.D., P.C Donestication / Incorporation	ο 0
Enclosed is a	original and one (1) copy of the Certificate of Domestication and a check for:	
FEES:		
Articl	cate of Domestication \$ 50.00 es of Incorporation and Certified Copy \$ 78.75 to domesticate and file \$128.75	
OPTIONAL		
Certif	cate of Status \$ 8.75	
	Name (printed or typed)	
	2373 NW 49th In	
	Address	
	Boca Raton, Ft 33431	
	City, State & Zip	
	3478351742	
	Daytime Telephone Number	
	E-mail address: (to be used for future annual report notification)	
	E-mail address: (to be used for future annual report notification)	

CERTIFICATE OF DOMESTICATION

The un	dersigned, _	Nath	an Dvor	, ,	President	len	,
			(Name)	•	(Title)	
of	lathan	DVOF, M	D., P.C.		···-	_a foreign corpo	oration,
		(Corporati	on ranie,	s, does hereby	certify:		
1. The	date on wh	ich corporatio	n was first for	med was	10/16/20	,	·
		n where the abo		l	irst formed, inc	orporated, or oth	nerwise
3. The	name of th	e corporation i	mmediately p			cate of Domestic	cation
was	· Nat	han Dvo	c.ma.	P.C.			<u></u> .
						be filed pursua	
s. 6	07.0202 and	1 607.0401 wit	h this certifica	ate is Nat	an Dvos,	M.D. P.G.	-
	Ρατι	run Dy	ror, MI	JInc.			·
adn	jurisdiction ninistration nediately be	n that constitut of the corporat	ed the seat, side	ege social, or p	rincipal place o jurisdiction und	f business or cer er applicable lav	ntral
	ached are Fl :. 607.1801.	iorida articles o	of incorporation	on to complete	the domestication	on requirements	pursuant
I am 1	Jathan ") vor , of _	Nathan	Dvor,	M. A. P. C		·
and am	authorized	to sign this Ce	ertificate of Do	omestication or	n behalf of the c	orporation and h	nave done
so this	the <u>15+</u> d	ay of <i>Oc</i>	tober			, <u>201</u>	9
		-n	MD.	orized Signatur			
			(Autho	orized Signatur	e)		

Filing Fee:

Certificate of Domestication Articles of Incorporation and Certified Copy Total to domesticate and file \$ 50.00 \$ 78.75 \$128.75

C

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

Nathan Drof, M.D., P.G.	Nathan Dvor	MD	I^
RTICLE II PRINCIPAL OFFICE HE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: Principal Address	Mailing Address		
373 NW 49th In	2373 NW 49th In		_
Boca Raton, FI 33431	Boca Raton, FI 33431		_
RTICLE III PURPOSE			
Medical Practice	D:		
(Marca) Fractice			
			_
		 	
			
<u></u>		<u> </u>	
		SCHARASSEE PLONIDA	mulundyn pm 1:55
		10 th	70 PM 1

ARTICLE IV SHARES	
THE NUMBER OF SHARES OF STOCK IS: 1000	
ARTICLE V INITIAL DIRECTORS AND/ THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES	·
Title/Name	Title/Name
Nothan Dvor-President	
Title/Name	Title/Name
Title/Name	Title/Name
Title/Name	Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET	ADDRESS
THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE R	REGISTERED AGENT IS:
leter Weisberg	
1-000	
10 1 E Lee Ro	
Delsay Beach FL 33445	
8	
ARTICLE VII INCORPORATOR	
THE NAME AND ADDRESS OF THE INCORPORATOR IS:	
Peter Weisberg	
107 E. Lee RD	
Delray Beach FL 33445	
*************	******
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF I	
STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I	
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN T	HIS CAPACITY.
Lete Weeslerg	10/1/19
Signature/Registered Agent //	ate
let West	10/1/19
Signature/Incorporator I	ate

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of NATHAN DVOR, M.D., P.C. was filed on 10/16/2017, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 17th day of September two thousand and nineteen.

Braden C Higher

Brendan C Hughes
Executive Deputy Secretary of State