

P200 0000 9252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

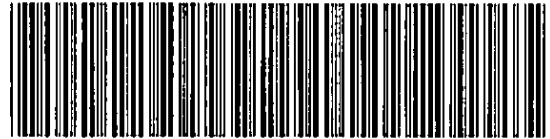
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200338708642

01/06/20--01033--028 **78.75

FILED
20 JAN -5 PM 4:23
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D O'KEEFE

FEB 04 2020

COVER LETTER

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

SUBJECT: Central Florida Pulmonary Diagnostics, Inc.
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee. Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Ashley A. Jackson
Name (Printed or typed)

364 N. Lake Franklin Dr.
Address

Mt. Dora, FL 32757
City, State & Zip

(352) 552-3533
Daytime Telephone number

ashleya-jackson@t@gmail.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: Central Florida Pulmonary Diagnostics, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

364 N. Lake Franklin Dr.
Mt. Dora, FL 32757

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A professional corporation.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Ashley A. Jackson, President

Name and Title:

Address

364 N. Lake Franklin Dr.
Mt. Dora, FL 32757

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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20 JAN - 5 PM 4:26
CLERK OF COURT
MOUNT DORA, FLORIDA

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: Ashley A. Jackson

Address: 364 N. Lake Franklin Dr.
Mt. Dora, FL 32757

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ashley A. Jackson

Address: 364 N. Lake Franklin Dr.
Mt. Dora, FL 32757

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20 JAN -6 PM 4:21
TALLAHASSEE, FLORIDA

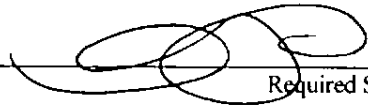
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2020 (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.)

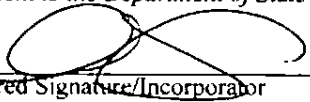
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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:


Required Signature/Registered Agent

29 Dec 2019
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.


Required Signature/Incorporator

29 Dec 2019
Date