

7/27/2020

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Florida Department of State  
Division of Corporations  
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To:  
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From:  
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Account Number : I20010000062  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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FLORIDA PROFIT/NON PROFIT CORPORATION  
Caroline Jensen DO Chartered

Certificate of Status	0
Certified Copy	1
Page Count	05
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J. FASON

JUL 28 2020

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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Help

**COVER LETTER**

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

**SUBJECT:** Caroline Jensen DO Chartered

(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,  
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& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Cheyenne Moseley, Legalzoom.com, Inc.

Name (Printed or typed)

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City, State & Zip

323-962-8600 ext. 7625

Daytime Telephone number

onlinefilings@Legalzoom.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: Caroline Jensen DO Chartered**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1001 Kara WayPalm Beach Gardens, FL 33410**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Medical Practice**ARTICLE IV SHARES**The number of shares of stock is: 10000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Caroline Susan Jensen, P, T, S, D

Name and Title: \_\_\_\_\_

Address 1001 Kara Way

Address: \_\_\_\_\_

Palm Beach Gardens, FL 33410

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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REC-4  
STATE  
160 - HAWAII  
D

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: United States Corporation Agents, Inc.

Address: 13302 Winding Oak Court, Suite A

Tampa, FL 33612

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Cheyenne Moseley, Legalzoom.com, Inc.

Address: 101 N. Brand Blvd., 11th Floor

Glendale, CA 91203

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TAMPA, FL

**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 business days prior or 90 business 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*

CM

Required Signature/Registered Agent CHEYENNE MOSELEY US CORP AGENT

7/27/2020

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.*

CM

Required Signature/Incorporator

Cheyenne Moseley, Legalzoom.com, Inc.

7/27/2020

Date