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Florida Department of State

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION**JOANNE F. REED OD HOLDINGS, P.A.**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

2020 SEP -4 PM 3:55

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

SUBJECT: Joanne F. Reed OD Holdings, P.A.
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Joanne F. Reed, O.D.
Name (Printed or typed)

2269 Wide Reach Drive

Address

Fleming Island, FL 32003

City, State & Zip

(904) 254-0003

Daytime Telephone number

drjoannereed@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 NAMEThe name of the corporation shall be: Joanne F. Reed OD Holdings, P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address
2269 Wide Reach Drive
Fleming Island, FL 32003Mailing address, if different is:

_____**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

To practice the profession of Optometry as licensed by the State of Florida

_____**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Joanne F. Reed, O.D., Director

Name and Title: _____

Address 2269 Wide Reach Drive

Address: _____

Fleming Island, FL 32003

_____Name and Title: Joanne F. Reed, O.D., President

Name and Title: _____

Address 2269 Wide Reach Drive

Address: _____

Fleming Island, FL 32003

_____Name and Title: Joanne F. Reed, O.D., Secretary

Name and Title: _____

Address 2269 Wide Reach Drive

Address: _____

Fleming Island, FL 32003

_____FILED
2020 SEP -11 PM 4:12
M. J. ROSE, CLERK

Name and Title: Joanne F. Reed, O.D., Treasurer

Name and Title: _____

Address 2269 Wide Reach Drive

Address: _____

Fleming Island, FL 32003**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Joanne F. Reed, O.D.Address: 2269 Wide Reach DriveFleming Island, FL 32003**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Joanne F. Reed, O.D.Address: 2269 Wide Reach DriveFleming Island, FL 32003**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 09/03/2020 (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*Joanne F. Reed, O.D.  Required Signature/Registered Agent09/03/2020

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 § 817.155, F.S.*Joanne F. Reed, O.D.  Required Signature/Incorporator09/03/2020

Date